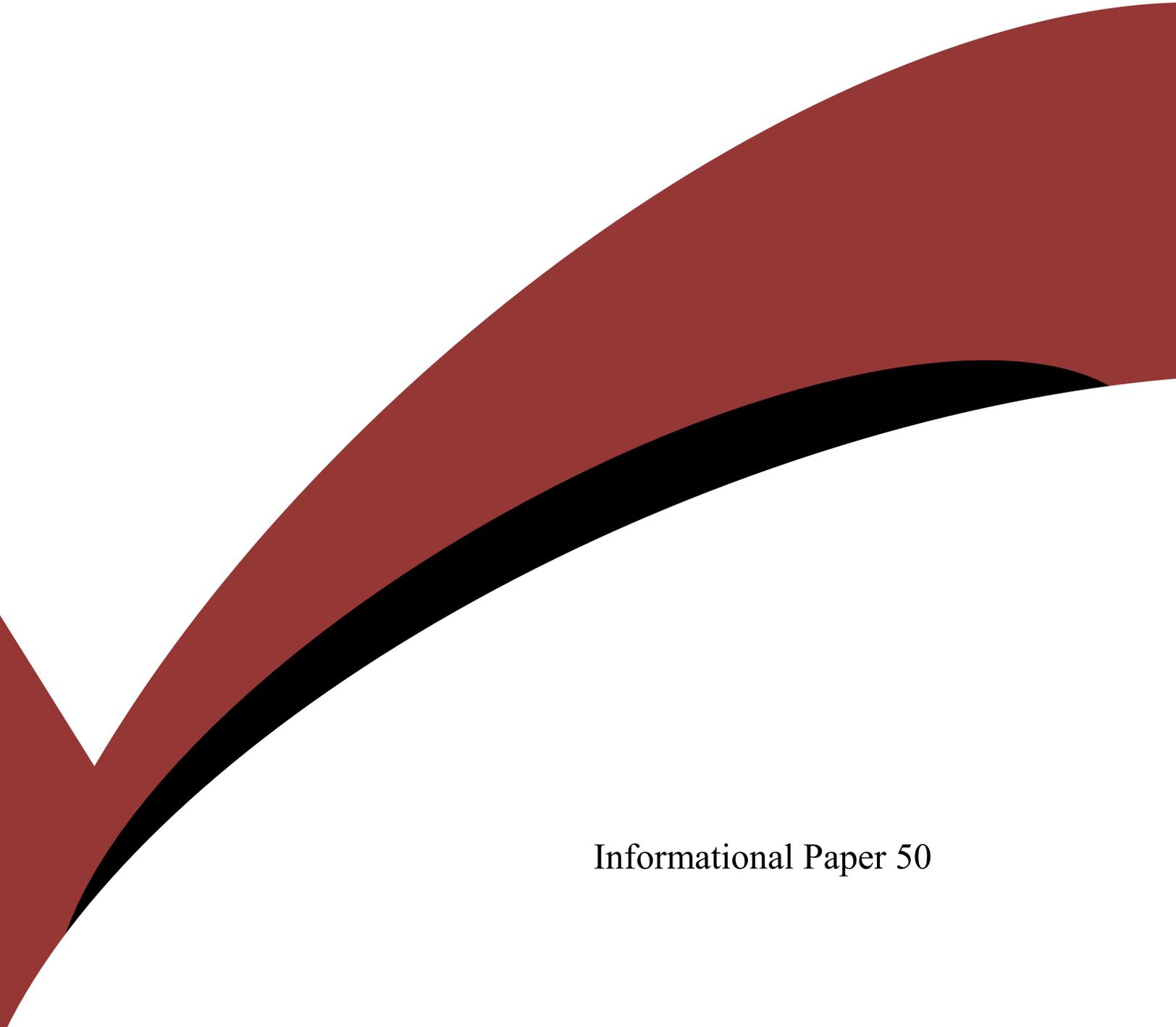


Child Welfare Services in Wisconsin



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Child Welfare Services in Wisconsin

Introduction

Child welfare services are intended to ensure the safety, well-being, and stability of children and their families. Such services include child protective services (CPS), child abuse and neglect prevention programs, out-of-home care, family strengthening and reunification programs, adoptions, and other child placements.

In Wisconsin, the child welfare system is county-operated and state-supervised, except in Milwaukee County, where the system is administered by the Bureau of Milwaukee Child Welfare (BMCW) in the Department of Children and Families (DCF). All county and state child welfare systems operate under the same federal and state laws, regulations, and standards. However, the systems differ in organization, funding, and size.

At the local level, each county (except for Milwaukee) has its own child welfare system that includes the county department of human or social services, the courts, and other resources within the community. The CPS unit in each county department is responsible for providing services to abused and neglected children. Responsibility for children in the child welfare system is shared between the juvenile court and the county department of human services or social services. BMCW administers the Milwaukee County child welfare system. Child welfare services are provided to Native American children by tribal social services departments.

At the state level, DCF is responsible for providing statewide leadership and supervision of child welfare standards and practices. DCF administers state and federal funds for child welfare services and assures compliance with state and federal regulations. DCF also directly provides

adoption services for children with special needs.

On the federal level, Title IV-E and Title IV-B of the Social Security Act provide much of the federal funding and law regarding child welfare. Funding for child welfare services, including Title IV-E and Title IV-B funding, is discussed in further detail below. The appendix to this paper provides the history of federal law regarding child welfare.

This paper describes the child welfare system in Wisconsin. Attachment 1 provides an overview of the child welfare system statewide, with a flowchart that illustrates the different paths a CPS case may take, beginning with an allegation of child abuse or neglect, to the closure of the case. The details of the steps are described throughout this paper. Although many families receive both child welfare services and economic support services, this paper does not discuss economic welfare or support services (such as Wisconsin Works).

Child Protective Services

A report of child abuse or neglect initiates the CPS process. The CPS process consists of three basic stages: access, initial assessment, and ongoing services.

In the CPS access stage, a CPS agency receives information about suspected child abuse or neglect. Caseworkers determine if the report constitutes an allegation of child abuse or neglect as defined under state law. If the allegation meets the criteria for child abuse or neglect, then the report is screened-in for further assessment. In the CPS initial assessment stage, the screened-in

reports are assessed to determine whether one or more types of abuse or neglect have occurred.

The requirements of the assessment vary, depending on the alleged maltreater. Primary assessments are conducted for a parent, caregiver, household member, or an unknown maltreater. Secondary assessments are conducted for individuals who have provided care to the child in or outside the child's home or exercised temporary control over the child. Non-caregiver assessments are conducted for individuals outside of the family. If the assessment determines that abuse or neglect has occurred, then the report is substantiated. Once substantiated, the child and family are provided services in the CPS ongoing services stage.

Mandatory and Voluntary Reporters. Any person may make a report of suspected abuse or neglect to the county department of social services (or BMCW), a licensed child welfare agency under contract with DCF, the sheriff, or police department. No one may be fired, disciplined, or otherwise discriminated against in regard to employment, or threatened with any such treatment, for reporting abuse or neglect.

In addition, state law requires certain professionals to report if they have reasonable cause to suspect that a child seen in the course of their professional duties has been abused or neglected or has been threatened with abuse or neglect that will occur. Examples of these mandatory reporters include doctors, counselors, mental health professionals, and teachers. Clergy members are mandatory reporters in cases of suspected or threatened sexual abuse.

Allegations of Child Abuse and Neglect. The report must include the facts and circumstances contributing to the suspicion of child abuse or neglect. Under s. 48.02 of the statutes, child abuse includes:

- Physical injury inflicted on a child by

other than accidental means (except corporal punishment for reasonable discipline of a child);

- Serious physical harm inflicted on an unborn child, and the risk of serious physical harm to the child when born, caused by the habitual lack of self-control of the expectant mother in the use of alcohol or drugs;
- Sexual assault, sexual exploitation of a child, or allowing a child to engage in prostitution or solicitation;
- Manufacturing methamphetamine under specific circumstances that put a child at risk; and
- Emotional damage, for which the child's parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to ameliorate the symptoms.

Neglect is defined under s. 48.02 of the statutes as failure, refusal, or inability for reasons other than poverty to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

Referral to CPS Agency. Most cases reported to the sheriff or police department must be referred to the county CPS agency within 12 hours. In situations where the alleged maltreater is not a caregiver for the child, the sheriff or police department may, but is not required to, refer the report to the CPS agency.

Substantiation of Allegations. Once an allegation of child abuse or neglect is referred to a CPS agency, the agency must immediately evaluate the allegation to determine whether there is reason to suspect that a caregiver has abused or neglected the child or threatened the child with abuse or neglect. The information in the report is assessed based on the totality of circumstances (including information from any previous CPS

reports) and evaluated based upon a reasonable person standard. If an allegation does not rise to this level, the report is screened-out and exits the CPS process. However, the CPS agency may still refer the family to community services or offer to provide voluntary agency services to address family concerns not related to child safety.

If the CPS agency determines that there is reason to suspect that substantial abuse or neglect has occurred (or is likely to occur), the report moves on to the next phase of the CPS process: the initial assessment. The agency must initiate an investigation within 24 hours to determine whether the child is in need of protection or services. The investigation must determine within 60 days, based upon a preponderance of the evidence, whether abuse or neglect has occurred or is likely to occur. The investigation must be conducted in accordance to standards established by DCF.

Pursuant to standards established by DCF, a report of child abuse or neglect will be substantiated if, based on credible information, there is a preponderance of the evidence (that is, it is more likely than not) that every element of the definition of the alleged type of maltreatment has been met. The preponderance of evidence standard is lower than that needed for proof in juvenile court (clear and convincing evidence) and criminal court (evidence beyond a reasonable doubt). Therefore, while there may be sufficient information to substantiate an alleged case of child abuse or neglect, there may not necessarily be sufficient evidence to obtain a child in need of protection or services (CHIPS) court order or to support criminal prosecution. CHIPS is discussed more fully in the next section of the paper.

Once an allegation is substantiated, the child and family are provided services in the CPS ongoing services stage. However, not all reports of abuse or neglect are substantiated. Unsubstantiated cases may involve situations where the parents are having difficulty caring for their child, but

abuse or neglect has not yet occurred. Cases may also be unsubstantiated because the child welfare caseworker may not be able to gather the information needed to make a full determination, the subjects of the report cannot be found, or the incident may not have happened.

Regardless of whether the specific allegation is substantiated, the CPS unit may open a case if it is determined during the investigation that the children are not safe in the home or the family needs services. Also, a case does not need to be substantiated in order to obtain a CHIPS petition and/or require the child welfare agency to provide services to the child and family. However, substantiating a case does have legal ramifications for the alleged maltreater that do not occur when a case is unsubstantiated, such as the denial of certain child care licenses and employment. Substantiated maltreaters have the right to appeal this finding.

2013 Act 20 introduced a uniform, two-step procedure, effective January 1, 2015, for substantiating a report of child abuse or neglect that identifies a specific person as the maltreater. First, if a specific person has been identified as a maltreater in an initial determination, before the final determination can be made the accused person must be provided an opportunity for a review of that initial determination in accordance with rules promulgated by DCF. Second, within five days of the final determination, the CPS agency must notify the person in writing of: the final determination, the person's right to a contested case hearing on the final determination, and the procedures by which the person may receive that hearing. Contested hearings must be conducted within 90 days by the Division of Hearings and Appeals in the Department of Administration. A final decision must be issued within 60 days from the hearing and is subject to judicial review.

The child welfare agency may determine that maltreatment has occurred without identifying a particular person as the actual or likely maltreat-

er. In these situations, the agency may make a substantiated finding without naming the maltreater.

In 2013, 68,943 referrals of abuse or neglect were received by child protective services. These referrals resulted in 40,135 reports of child abuse or neglect involving 45,547 specific allegations of maltreatment affecting 33,818 children. Approximately 59% of these reports were allegations of neglect, 18% of physical abuse, 22% of sexual abuse, and 1% of emotional abuse. Table 1 shows the number of reports of child maltreatment from 1995 through 2013.

Table 1: Number of Reports of Child Maltreatment, 1995-2013

1995	44,700
1996	46,300
1997	45,800
1998	42,500
1999	40,200
2000	38,000
2001	40,200
2002	42,700
2003	40,500
2004	42,400
2005	40,900
2006	41,300
2007	40,600
2008	39,500
2009	38,100
2010	39,700
2011	38,100
2012	40,600
2013	40,135

Of the reports of maltreatment in 2013, 5,466 reports were substantiated, resulting in a substantiation rate of 13%. Statewide substantiation rates have fallen significantly since 1996, when approximately 38% of cases were substantiated. DCF indicates that this decrease may be due to several factors, including state and federal requirements associated with appeal rights for substantiated maltreaters, which results in a more rigorous application of substantiation decision-making, and the state caregiver background law, which prohibits a person substantiated of child

abuse or neglect from engaging in certain types of employment, including working in child care centers and nursing homes. Another factor is that a clarification in policy related to mutual sexual contact between teenage peers made these allegations a request for services, rather than a CPS report. Finally, 2005 Wisconsin Act 232 eliminated the requirement that CPS agencies complete an initial assessment in situations where the alleged maltreater is not a caregiver for the child (these cases are now referred to law enforcement).

DCF standards and policies establish parameters for determining whether or not to substantiate that abuse or neglect occurred. However, the determination or substantiation of a case can vary from county to county within those parameters. Table 2 shows the substantiation rates of maltreatment reports from 2000 through 2013.

Table 2: Substantiation Rates of Reports of Child Maltreatment, 2000-2013

2000	27%
2001	24
2002	22
2003	20
2004	20
2005	20
2006	18
2007	16
2008	15
2009	14
2010	13
2011	14
2012	13
2013	13

Alternative Response Program. Provisions of 2009 Wisconsin Act 28 established a pilot program that authorized participating county departments to use alternative responses to reports of suspected or threatened child abuse or neglect. The pilot program was intended to prevent future abuse or neglect in lower-risk families by providing services in a less adversarial environment.

Under the alternative response program, if there is reason to suspect that substantial abuse or neglect has occurred or is likely to occur, the CPS agency investigates the report under the above described review process. However, where there is no immediate threat to the safety of the child, the CPS agency may conduct a comprehensive assessment of the safety of the child and his or her family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine what voluntary services may be provided to address those issues. These alternative response assessments do not result in a substantiation or unsubstantiation of child abuse or neglect. Rather, these assessments result in findings of either "services needed" or "services not needed."

A CPS agency may also conduct a needs assessment when an investigation is not necessary for the safety of the child. Further, if there is no reason to suspect that abuse or neglect has occurred or is likely to occur, the CPS agency may refer the family to a service provider in the community for the provision of appropriate services on a voluntary basis.

Based on an analysis of other states, DCF expects the alternative response approach to reduce out-of-home care rates over the long-term. Thus, the alternative response approach may have lower long-term costs even though the up-front costs are higher. Furthermore, DCF expects the alternative response approach to reduce caseworker turnover compared to the traditional CPS approach.

On July 1, 2010, DCF implemented the pilot project in Eau Claire, La Crosse, Milwaukee, Marathon, and Pierce Counties. Provisions of 2011 Act 32 removed the cap on the number of counties that could be included in the alternative response program. As a result, DCF is planning to implement the alternative response program state-wide. Since July 2011, eleven additional counties have implemented the program: Barron,

Calumet, Chippewa, Dodge, Douglas, Green Lake, Jefferson, Langlade, Sauk, Waushara, and Winnebago. Additional counties will be added over time based on their readiness and the availability of resources to expand the program.

Out-Of-Home Care

In cases of maltreatment involving primary caregivers, the decision to provide services to the family is based on a safety assessment and resulting safety decision. If, after investigating an allegation of abuse or neglect, the child welfare staff determines that a child is safe, the case is closed. The CPS agency is not required to offer or refer the family for services, but the agency may still inform the family about voluntary services and community resources available to address family needs.

If the CPS agency determines that the child is not safe and/or at risk of further abuse and neglect, then the staff will move the case into the CPS ongoing services stage. Staff will determine whether the child can remain at home if the family receives appropriate services, or if the child needs to be removed and placed in out-of-home care. If staff determines that a child can remain safely at home, the child and family may receive in-home services to address the safety needs of the family and child. If staff determines that a child cannot remain safely at home, the child is removed from the home and placed in out-of-home care.

Entry into Out-of-Home Care. Children may be placed in out-of-home care as a result of one of four types of actions: (a) a CHIPS court order, generally when the removal of a child from his or her home and placement into out-of-home care is necessary to assure the child's safety; (b) a juvenile in need of protection or services (JIPS) court order, as a result of certain behaviors, in-

cluding being uncontrollable, running away, or truancy; (c) a delinquency court order, as a result of a criminal act; or (d) a voluntary placement agreement (VPA) between a parent and a caregiver and involving the child welfare agency. Under state law, VPAs require placement in a licensed foster home, group home, or shelter care facility. VPAs are limited to 180 days for foster home placements, 15 days for group home placements, and 20 days for shelter care facilities.

The Children's Code (Chapter 48 of the statutes) governs the CHIPS process and the Juvenile Justice Code (Chapter 938 of the statutes) governs the JIPS and juvenile delinquency processes. In addition, tribal courts place children in out-of-home care pursuant to the procedures included in each tribe's children's code. Information on programs available for juveniles that are adjudicated delinquent because they were found to have committed a criminal offense can be found in the Legislative Fiscal Bureau's informational paper entitled "Juvenile Justice and Youth Aids Program."

Except under a VPA, a child is placed in out-of-home care under a court order. Before that order is made, however, a number of steps occur. This section details the steps in the CHIPS process, but the JIPS process is similar.

CHIPS Process for Removal from Home. A child can be removed from his or her home under s. 48.19 of the statutes for a variety of reasons, including the child's safety.

After a child is taken into custody, the matter comes before a juvenile court intake worker to determine whether legal grounds exist to continue to hold the child in custody. Under s. 48.205 of the statutes, a child can be held in custody if there is probable cause to believe that: (a) the child will self-inflict injury or will be subject to injury by others; or (b) the parent, guardian, or legal custodian is neglecting, refusing, unable, or unavailable to provide adequate supervision and

care and that services to ensure the child's safety and well-being are not available or would be inadequate. Probable cause may also be found for the child at issue if another child in the home meets either criteria. Further, custody may be continued if there is probable cause to believe that the child will run away or be taken away so as to be unavailable for court proceedings. The intake worker must make every effort to release the child to the parent, guardian, or custodian where appropriate.

Local law enforcement and child protection agencies may also intervene to protect an unborn child of an expectant mother. Physical custody may be continued if there is probable cause to believe that: (a) there is a substantial risk that the physical health of the unborn child, and of the child when born, will be seriously affected or endangered by the expectant mother's habitual lack of self-control in the use of alcohol or drugs; and (b) the expectant mother refuses or has not made a good faith effort to participate in any substance abuse treatment services offered to her.

Court Process. If the child or expectant mother is not released from custody, a court hearing must be held within 48 hours from the time of the decision to hold the child in custody was made. The judge must determine whether the child should remain in the custody of the county or state, based on a finding of probable cause of any of the criteria identified above.

At this hearing, the parent will be requested, if present, to identify three relatives of the child or other individuals 18 years of age or over whose homes the parent wants the court to consider as placements for the child. A diligent search must be made to locate them. These individuals, along with adult relatives of the child, must be notified within 30 days after the child is removed from the custody of the child's parent: (a) that the child has been removed; (b) of the options to participate in the care and placement of the child; (c) of the requirements to obtain a foster home li-

cense, receive kinship care or long-term kinship care payments, and of the additional services and supports available for children placed in one of these placements; (d) that they may incur additional expenses if the child is placed with them and that some of those expenses may be reimbursed; and (e) of the name and contact information of the agency that removed the child.

The county or state must file a CHIPS petition at this hearing. If a court does not hold a hearing within 48 hours or a CHIPS petition is not filed at the hearing, the court may order that the child be held for up to an additional 72 hours if certain conditions exist.

The CHIPS petition must state that the court has exclusive original jurisdiction over a child alleged to be in need of protection or services, and that any of the following apply:

- The child has no parent or guardian or has been abandoned;
- The child's parents have relinquished custody of an infant younger than 72 hours old under s. 48.195 of the statutes;
- The child has been the victim of abuse or is at substantial risk of becoming a victim of abuse, including injury that is self-inflicted;
- The child's parent or guardian is unable or needs assistance to care for the child;
- The child has been placed for care or adoption in violation of law;
- The child is receiving inadequate care while a parent is missing, incarcerated, hospitalized, or institutionalized;
- The child is at least age 12, signs the petition requesting the court's jurisdiction, and is in need of special treatment or care which the parent, guardian, or legal custodian is unwilling, neglecting, unable, or needs assistance to provide;

- The child's parent, guardian, or legal custodian neglects, refuses, or is unable for reasons other than poverty to provide necessary care, food, clothing, medical care, or shelter, or is at substantial risk of doing such things, so as to seriously endanger the physical health of the child;

- The child is suffering emotional damage for which the parent, guardian, or legal custodian has neglected, refused, or been unable, and is neglecting, refusing, or unable, for reasons other than poverty, to obtain necessary treatment or to take necessary steps to ameliorate the symptoms;

- The child is suffering from an alcohol or other drug abuse impairment, exhibited to a severe degree, for which the parent, guardian, or legal custodian is neglecting, refusing, or unable to provide treatment; or

- The child has not been immunized and has not been exempted from such immunizations.

Within 30 days after filing the CHIPS petition, the court conducts a plea hearing to determine whether any party wishes to contest the allegations made in the petition. If no one wishes to contest the CHIPS petition, the court sets a date for a dispositional hearing within 30 days, or immediately goes forward with that hearing if all parties consent. If any party wishes to contest the CHIPS petition, a date is set for a fact-finding hearing within 30 days, where the court will determine if the allegations in the CHIPS petition are proved by clear and convincing evidence. The parties may request a jury trial for the fact finding hearing at any time before or during the plea hearing.

If, after the conclusion of the hearing, the fact finder determines that the allegations are not proved, the case is dismissed and the child returns home. If the fact finder determines that there is clear and convincing evidence, the court will hold a dispositional hearing within 30 days or immediately if all parties consent.

In preparation for the dispositional hearing, the court designates a child welfare agency to submit a report that describes the social history of the child, outlines the needs of the child, and details a plan for ensuring appropriate services for the child. Dispositions of a CHIPS case may range from counseling the child or parent to placing the child in out-of-home care. Dispositions may also include placing the child in the home under the supervision of a child welfare agency, educational programming, supervised independent living if the child is at least 17 years of age, and transferring legal custody to a relative, DCF, a county department, or other licensed child welfare agency. Additional services may be ordered depending on the specific child's needs. The dispositional order must be in writing and must contain the specific services to be provided to the child and the child's family.

If the child is removed from his or her home, the dispositional order placing a child in out-of-home care must include a finding that: (a) continued placement of the child in his or her home would be contrary to the welfare of the child; (b) the child welfare agency has made reasonable, or, in the case of an Indian child, active efforts, to prevent the removal of the child from the home, while assuring that the child's health and safety are the paramount concerns; and (c) if a permanency plan has been previously prepared, the child welfare agency has made reasonable efforts to achieve the permanency goals of the permanency plan.

The finding that reasonable efforts have been made is not required if one of several exceptions is met. These exceptions, which do not apply in the case of a Native American child, include: (a) the parent has subjected the child to aggravated circumstances (such as abandonment, chronic abuse, torture, or sexual abuse); (b) the parent has committed, aided, or abetted one of several serious criminal offenses; (c) the parental rights of the parent to another child have been involuntarily terminated; and (d) the parent has been found

to have relinquished custody of the child when the child was 72 hours old or younger (that is, infant relinquishment under s. 48.195 of the statutes).

A dispositional order that places or continues the placement of a child in his or her home which is issued before the child reaches 18 years of age terminates at the end of one year after the order is entered, unless the judge specifies a shorter period of time or terminates the order sooner.

A dispositional order that places or continues placement of the child in an out-of-home placement, unless the judge specifies a shorter period of time, terminates on the latest of the following dates: (a) the day the child reaches 18 years of age; (b) one year after the order is entered; or (c) the day the child is granted a high school or high school equivalency diploma or, if earlier, the day the child reaches 19 years of age. Additionally, 2013 Wisconsin Act 334 permits a child who is in out-of-home care and who has an individualized education program (IEP) to continue in such care until the child is granted a high school diploma or its equivalent or until he or she reaches 21 years of age, whichever occurs first, if: (1) the child is a full-time student at a high school or its vocational or technical equivalent; and (2) the child is 17 years of age or older when the dispositional order is entered and the child (or the child's guardian) agrees to the order.

Permanency Plans. For each child placed in out-of-home care, the agency assigned responsibility for placing or providing services to the child must prepare a written permanency plan. This permanency plan must be filed with the court within 60 days after removal from the child's home. Permanency plans are also required for children placed in the home of a relative under a court order.

The permanency plan identifies the goal for a permanent placement for the child and the services to be provided to achieve the permanence

goal. The permanence goal can include: (a) reunification with the child's family; (b) permanent placement with a fit and willing relative; (c) placement of the child for adoption; (d) placement of the child with a guardian; (e) some other planned permanent living arrangement that includes an appropriate, enduring relationship with an adult, including sustaining care or long-term foster care; or (f) transition to independent living if the child has attained 18 years of age. The permanency plan may contain concurrent permanency goals if there are efforts to work simultaneously towards achieving more than one of the permanency goals. If the stated permanency goal is (e), another concurrent goal under (a) through (d) must be pursued as well.

If the child's age and developmental level are sufficient, courts must consult with the child regarding the child's permanency plan and any other matters the court finds appropriate. Courts must also consider an out-of-state placement, if appropriate.

Permanency plans must be reviewed no later than six months after removal from the home and every six months thereafter for as long as the child is placed outside of the home. The court is required to hold a permanency hearing within 12 months after removal and at least every 12 months thereafter. This hearing may be held either in place of, or in addition to, a review.

Types of Out-of-Home Care Placements.

Out-of-home care placements can range from a home setting to a more restrictive, institutional setting. Reasonable efforts must be made to place siblings together. Table 3 shows the number of children in statewide out-of-home care by placement type.

Shelter Care Facilities. Shelter care facilities offer temporary care and physical custody for children and are licensed by DCF. A child may be held in a shelter care facility if he or she has been taken into custody under the Children's

Table 3: Statewide Out-of-home Care (OHC) Placements as of September 30, 2014

Detention	44
Foster Home	3,983
Group Home	300
Institutions	105
Kinship Care	819
Residential Care Center	363
Shelter	62
Supervised Ind. Living	34
Treatment Foster Home	893
Trial Reunification	146
Missing From OHC	<u>64</u>
Total	6,813

Code or the Juvenile Justice Code, has been ordered by the juvenile court to be held in temporary physical custody, or needs a transitional placement when emergency conditions necessitate an immediate change in placement.

2013 Wisconsin Act 335 permits a child to be placed in a shelter care facility under a voluntary agreement for no more than 20 days. The following persons may place a child in a shelter care facility: the child's parent, guardian, or Indian custodian; DCF; the Department of Corrections; a county department of human or social services; or a child welfare agency licensed to place children in shelter care facilities.

Kinship Care. The kinship care program is designed to help support a child who resides outside of the home with a relative, rather than placing the child in foster care or other out-of-home placement. However, this program is not designed to be used when another placement is in the child's best interests.

A relative does not necessarily assume guardianship of the child under kinship care. Kinship care is a living arrangement for the child in the relative's household. The state recognizes this relationship as being in the best interests of the child by funding kinship care payments.

If a placement is with a relative, other than a parent, and the relative is not a licensed foster parent, then the relative may qualify for the kinship care program. Kinship care relatives who provide care and maintenance for one or more children may receive a kinship care payment of \$232 per child per month if:

- The kinship care relative applies to the county, tribe, or DCF for kinship care payments and, if the placement is court-ordered, applies for a foster home license as well;

- The county, tribe, or DCF determines that there is a need for the child to be placed with the kinship care relative and that the placement with the relative is in the best interests of the child;

- The county, tribe, or DCF determines that the child meets, or would be at risk of meeting, one or more of the CHIPS or JIPS criteria;

- The county, tribe, or DCF conducts a background investigation to determine if the kinship care relative (and employees, prospective employees, and adult household residents who would have regular contact with the child) have any arrests or convictions that could adversely affect the child or the kinship care relative's ability to care for the child;

- The kinship care relative states that he or she (and employees, prospective employees, or other adults in the residence) have no arrests or convictions that could adversely affect the child or the ability to care for the child;

- The kinship care relative cooperates with the application process, including applying for other forms of assistance for which the child may be eligible;

- The kinship care relative is not receiving any other kinship care, foster care, subsidized

guardianship, or interim caretaker payment with respect to the same child; and

- The child for whom the kinship care relative is providing care and maintenance is not receiving supplemental security income (SSI) benefits.

Under the program, a "child" is defined as (a) any person under the age of 18; (b) a youth between 18 and 19 years of age who is a full-time student in good academic standing at a secondary school (or its vocational or technical equivalent) who is reasonably expected to be granted a high school diploma or its equivalent; or (c) a youth between 18 and 21 years of age, who is a full-time student in good academic standing at a secondary school (or its vocational or technical equivalent) if an IEP is in effect for the person.

For court-ordered kinship care, payments may be made for up to 60 days from the time a completed application for a foster home license is received while the application is pending. This time frame may be extended to up to four months from the time the completed application is received if there is a delay in the licensing determination not due to an act or omission from the kinship care provider. If the foster home license is not approved, then the court may order that the child remain in the kinship care provider's home if all other requirements of the kinship care program are met and the following information is provided to the court: (a) the background investigation; (b) an assessment of the safety of the kinship care provider's home and the ability of the provider to care for the child; and (c) a recommendation that the child remain in the kinship care provider's home.

At least every 12 months, the county, tribe, or DCF reviews the case to determine if the conditions under which the case was initially determined eligible still exist. If those conditions no longer exist, the county, tribe, or DCF discontinues making the kinship care payments.

Foster Care. As of September, 2014, most children (about 71.2%) in out-of-home care statewide were in licensed foster care. Licensed foster care is the least restrictive out-of-home placement. Under foster care, a family provides care and maintenance for four or fewer children who are unable to live with their families due to issues of abuse or neglect. Up to seven children may be placed in the family's home if necessary to enable: (a) a sibling group or minor parent/minor child placement to remain together; (b) the return of a child from a trial reunification; and (c) a child to enter a voluntary transition to independent living. Exceptions may be granted to place eight or more children in a foster home if necessary to keep siblings together or a minor parent and minor children together.

Provisions of 2009 Wisconsin Acts 28 and 71 established a "levels of care" system for foster care licensing. Previously, applicants would be licensed as either foster parents or treatment foster parents (which provided a higher level of care at an increased payment rate). Under the new licensing system, a foster home is certified in one of five levels commensurate with the foster parent's knowledge, skills, training, experience, and relationship to the child. This new system took full effect on September 1, 2011.

Each level of care requires additional experience, letters of reference, and training. Level one certification applies to a foster home with a child-specific license. A "child-specific license" is a license that is issued to a relative of a child or an individual who has a previous existing relationship with the child or the child's family. Level two certification applies to basic foster homes. Level three applies to moderate treatment foster homes. Level four applies to specialized treatment foster homes. Level five applies to exceptional treatment foster homes.

Wisconsin law requires foster parents to receive training in the care and support needs of

children who are placed in foster care. Each foster parent must complete pre-placement, initial licensing, and ongoing training required for the foster home's level of care certification.

When placing a child in foster care, a placing agency uses a standardized assessment tool to assess the needs and strengths of the child and the needs of the child's foster parent. The results of the assessment are used to determine into which certified level of foster care the child will be placed, what services will be provided, and what payment the foster parent will receive.

Placing agencies disburse a basic maintenance payment to foster parents and may provide supplemental and exceptional payments. The current maximum monthly foster care payment for a child is \$2,000. About 70% of children in foster homes have supplemental rates and about 59% have exceptional rates.

The basic maintenance rate is a fixed monthly payment designed to reimburse a foster parent for the usual and customary costs of caring for a foster child (such as food, clothing, housing, basic transportation, and recreation). The payments are made by counties and tribes for children in out-of-home care or by DCF for children in Milwaukee County or in the state special needs adoption program's foster care program. Table 4 shows the basic maintenance rates, which the Legislature proscribes biennially by statute.

Table 4: Basic Maintenance Payments and Clothing Allowance -- Calendar Year 2015

	Monthly Amount	Maximum Clothing Allowance
Level One	\$232	\$0
Levels Two and Above		
Under Age 5	\$384	\$225
Ages 5 through 11	420	263
Ages 12 through 14	478	300
Ages 15 and over	499	300

Placing agencies may also may provide a supplemental payment or an exceptional payment for foster homes certified at level two or higher. The supplemental rate provides an additional monthly payment intended to cover the costs of caring for a child whose needs exceed normal limits of care and supervision for that child's age. The amount of the payment depends on the needs of the child. A supplemental payment must also be made if a foster home's level of care certification is higher than the level of need of a child placed in the foster home and the foster home has a level three or four certification.

The placing agency may also provide an exceptional payment to: (a) enable the child to be placed or remain in a foster home instead of a more restrictive setting; (b) enable the placement of siblings or minor parent and minor children together; (c) assist with transportation costs to the school the child was attending prior to placement in out-of-home care; (d) replace a child's basic wardrobe that has been lost or destroyed through other than normal wear; or (e) for a child placed in a foster home before February 21, 2011, and who remains placed in that foster home, equalize the total payment that would have been received under rules in effect prior to the current method determining supplemental payments based on the standardized assessment.

In addition to the monthly foster care payments, the county or DCF may provide a clothing allowance when the child is initially placed in out-of-home care (for a level two placement or higher). The maximum clothing allowance amounts are shown in Table 4. Counties may reimburse a foster parent one time for the actual costs of the clothing purchases up to the maximum allowance.

A placing agency may also provide a monthly retainer fee to a foster parent to maintain openings in a foster home for emergency placements.

Group Homes and Residential Care Centers. As of September, 2014, 4.4% of the children in out-of-home care statewide were in group homes, and 5.3% were in residential care centers (RCCs) for children and youth. Both of these placements are more restrictive than foster homes.

Group homes provide care and maintenance for five to eight children (not including children of minors). Group homes may be: (a) family-operated group homes, where the licensee is one or more individuals who operate only one group home; (b) agency-operated group homes, where the licensee is a public agency other than DCF; or (c) corporation-operated group homes, where the licensee is a non-profit or proprietary corporation that operates one or more group homes.

RCCs provide treatment and custodial services for children, youth, and young adults. RCCs are typically licensed private child welfare agencies. Placement into an RCC must be made before the child reaches age 18, unless under juvenile court jurisdiction. An RCC is prohibited from having five or more young adults age 18 or older at its facilities at one time unless it is also licensed as a community-based residential facility.

Under previous state law, group homes and RCCs established their own rates and reported them to DCF for publishing. Provisions of 2009 Wisconsin Act 28 directed DCF to phase in the regulation of rates charged by group homes and RCCs, as well as certain administrative rates charged by child welfare agencies. 2009 Wisconsin Act 335 required these rates to be set using a performance-based contracting system.

For group homes and residential care centers, the regulated rate is a per-client rate that each facility may charge for costs associated with room, board, administration, service provision, and oversight of youth. For child-placing agencies, the regulated rate is a per-client administrative rate that each agency may charge for the adminis-

trative portion of its services for foster homes with a Level 3 or 4 certification under the foster care levels of care system. A private child-placing agency is a child welfare agency licensed to place children in adoptive homes, licensed family foster homes, or licensed group homes.

DCF sets new maximum rates annually by November 1, after reviewing proposed rates submitted by providers.

In addition to the rate established by DCF, group homes and RCCs may request extraordinary payments for a specific child to cover unreimbursed costs of service needs that are not accounted for in the maximum per-client rate.

Table 5 shows the maximum administrative daily rates as set by DCF for group homes, RCCs, and child placement agencies from 2011 through 2015. Table 6 compares the rates approved by DCF in 2012 and 2014 to the rates charged in 2010 by group homes and RCCs prior to DCF setting rates.

Out-of-Home Care Caseloads. Since 2005, the overall number of children in out-of-home care has dropped from approximately 7,700 to 6,700. Table 7 shows the out-of-home care case-

loads from 2005 through 2013 for each type of placement (court-ordered kinship care, foster homes, group homes, RCCs, and other placements). Since the new levels of care foster care licensing system was not fully in effect until September 1, 2011, the foster home caseloads shown in Table 6 only partially include levels one through five foster care homes in the 2011 data. Prior years included only foster homes and treatment foster homes.

As of July 30, 2014, there were 6,758 children in out-of-home care in Wisconsin: 2,283 in Milwaukee County and 4,475 in the rest of the state. About 34% of the state's children in out-of-home care are in Milwaukee County. Not included in these numbers are Native American children placed in out-of-home care by a tribal court and whose payments are being paid for by the tribe.

DCF began implementation of the levels of care system in January, 2010. Implementation of the levels of care system provides more foster care options and is intended to reduce costs that were previously associated with placements into treatment foster homes. Expenditures in July, 2011, were 7.5% lower than July, 2010. Expenditures in July, 2014, were 16.7% lower than July, 2010.

Table 5: Maximum Administrative Daily Rates for Group Homes, RCCs, and Child Placement Agencies, 2011 - 2015.

	July-Dec 2011	CY2012	CY2013	CY2014	CY2015
Child-Placing Agency	\$73.15	\$63.50	\$63.50	\$64.69	\$64.90
Group Home	206.97	191.43	194.90	190.28	197.55
Parenting Teen Group Home	n/a	227.87	232.45	220.28	227.55
Residential Care Center	351.04	316.24	306.80	321.30	335.52

Table 6: Average and Range of Daily Rates for Group Home and RCCs CY2010, 2012, and 2014

	2010		2012		2014	
	Ave.	Range	Ave.	Range	Ave.	Range
Group Home	\$202.03	\$106.73-\$335.01	\$185.80	\$116.95 - \$192.10	\$185.51	\$128.00 - \$190.28
Parenting Teen Group Home	n/a	n/a	217.87	155.00 - 228.46	212.02	179.00 - 220.28
Residential Care Center	312.58	204.07-688.00	232.71	232.71 - 467.25	331.78	235.00 - 439.34

Table 7: Out-of-Home Care Caseloads on December 31, 2005, through 2013

Year	Court-Ordered			Residential		Total
	Kinship Care	Foster Homes	Group Homes	Care Centers	Other Placements	
2005 Milwaukee County	784	1,755	132	70	116	2,857
All Other Counties	710	3,109	331	372	277	4,799
Wisconsin Total	1,494	4,864	463	442	393	7,656
2006 Milwaukee County	771	1,583	110	57	143	2,664
All Other Counties	708	3,011	272	383	287	4,661
Wisconsin Total	1,479	4,594	382	440	430	7,325
2007 Milwaukee County	841	1,574	142	77	140	2,774
All Other Counties	776	2,975	258	359	277	4,645
Wisconsin Total	1,617	4,549	400	436	417	7,419
2008 Milwaukee County	724	1,588	174	75	148	2,709
All Other Counties	795	2,898	239	384	299	4,615
Wisconsin Total	1,519	4,486	413	459	447	7,324
2009 Milwaukee County	509	1,425	185	94	109	2,322
All Other Counties	755	2,743	226	316	206	4,246
Wisconsin Total	1,264	4,168	411	410	315	6,568
2010 Milwaukee County	416	1,323	164	83	216	2,202
All Other Counties	552	2,677	214	317	547	4,307
Wisconsin Total	968	4,000	378	400	763	6,509
2011 Milwaukee County	359	1,254	163	93	219	2,088
All Other Counties	452	2,740	217	302	651	4,362
Wisconsin Total	811	3,994	380	395	870	6,450
2012 Milwaukee County	288	1,282	133	89	148	1,941
All Other Counties	481	3,011	193	294	332	4,311
Wisconsin Total	770	4,293	326	383	480	6,252
2013 Milwaukee County	358	1,400	149	75	202	2,184
All Other Counties	553	3,012	168	276	327	4,336
Wisconsin Total	895	4,412	317	351	529	6,520

Licensing Requirements. Counties, tribes, DCF, and child welfare agencies license foster homes. DCF licenses child-placing agencies, group homes, and RCCs. The requirements for licensure and the procedures and policies are specified in state administrative code and include who may apply for a license, how to apply, the required qualifications of the licensee, the requirements for the physical environment of the licensed home or agency, safety requirements, principles for the care of children, rate determination, and training for care providers. For group

homes and RCCs, the administrative rules also specify requirements relating to staff and the maintenance of child records. Each license specifies the maximum number of children that a home or agency may receive, the age of the children, and the gender of children who may be placed there. A foster home license may be issued for up to two years. Licenses for child welfare agencies, group homes, and RCCs are reviewed every two years but do not expire unless revoked or suspended. DCF, in conformance with Title IV-E, requires all licensed group homes,

shelter care facilities, residential care centers and private child-placing agencies to conduct caregiver background checks on specified employees, contractors, and interns that have direct caregiving responsibilities.

Interstate Compact for the Placement of Children. The Interstate Compact for the Placement of Children is a uniform law enacted by all 50 states to provide for uniform administrative and legal procedures for interstate placement of children. This enables out-of-home placement across state lines and ensures that such children receive the same protections given to children placed within Wisconsin.

The compact also facilitates uniform data collection and information sharing among member states; promotes coordination between this compact, the Interstate Compact on Adoption and Medical Assistance, and other compacts that affect the placement of and provision of services to children; and provides guidelines, in collaboration with tribes, for interstate cases involving Indian children as permitted by federal law.

Exiting Out-Of-Home Care

Each CHIPS, JIPS, and delinquency dispositional order and permanency plan identifies the permanence goal for a child in out-of-home care. As noted above, some of the permanency plan goals can include: (a) reunification; (b) transfer of legal guardianship, which may include subsidized monthly payments; (c) adoption; or (d) some other planned permanent living arrangement that includes an enduring relationship with an adult, such as long-term foster care. For children age 18 and over, the permanency plan must also include a transition to independent living.

Reunification. Family reunification occurs when the child returns to his or her home from

out-of-home care, although the court order may continue and services may be continued in the home. This takes place when the court finds that the goals of the permanency plan were achieved, that the safety and well-being of the child can be met in the care of the parent, and that the reasons for the removal of the child from the home and the CHIPS, JIPS, or delinquency order are no longer valid. In state fiscal year 2013-14, 77.6% of children were reunified with their primary caretaker within 12 months of placement in out-of-home care.

Trial Reunification. A trial reunification is a continuation of out-of-home placement in the child's home to assist in determining the appropriateness of family reunification. Children in out-of-home care placements may return home for a period of seven consecutive days up to 150 days. At the end of the trial reunification period, the child welfare agency must: (a) return the child to the previous out-of-home placement with notice to the court and participants; (b) request a change of placement to place the child in a new out-of-home placement; or (c) request a change of placement to reunify the child. Terminating a trial reunification is not considered a reentry into out-of-home care.

Through October 31, 2014, there have been an overall total of 489 placements in trial reunifications. Of these placements, 204 resulted in permanent reunification with the family, 149 were still receiving reunification services, 135 have either returned to an out-of-home placement or been discharged from the child welfare system, and one was discharged due to aging out of the placement.

Post-Reunification Services Waiver. On September 28, 2012, the federal Department of Health and Human Services (DHHS) approved Wisconsin's request for a five-year Title IV-E waiver demonstration project. The waiver allows DCF to use federal Title IV-E funds to expand a program statewide that provides post-

reunification services to families for a period of one year. DCF anticipates that additional services will reduce the rate of reentry of children into out-of-home care placements, and therefore save both state and federal funds for out-of-home care placements.

Under the program, case managers develop a 12-month post-reunification plan that takes into consideration the needs of each child and family. Counties receive a monthly case rate of \$1,100 per enrolled child to fund case management services, including: trauma-informed services, crisis stabilization, in-home therapy, alcohol and drug assessment and treatment for parents, mental health services for parents, respite care, transportation, and connection to community services.

The waiver program is funded to serve more than 500 children in the first year, which is roughly one-third of the children who reunify with their families in a given year. DCF began working with 35 counties to implement the waiver program in 2014.

Guardianship. A person appointed by the court to be the guardian of a child has the duty and authority to make important decisions in matters having a permanent effect on the life and development of the child and the duty to be concerned about the child's general welfare, including but not limited to: (a) the authority to consent to marriage, enlistment in the U.S. armed forces, major medical, psychiatric, and surgical treatments, and obtaining a driver's license; (b) the authority to represent the child in legal actions and make other decisions of substantial legal significance concerning the child (but not the authority to deny the child the assistance of counsel as required under the Children's Code); (c) the right and duty of reasonable visitation of the child; and (d) the rights and responsibilities of legal custody, except under certain situations when legal custody has been vested in another person or when the child is jailed or incarcerated.

An adult can be granted guardianship of a child without the termination of the child's parents' rights (TPR). Without a TPR, the child is still legally the child of his or her parents, but the guardian, in general, is responsible for the care and well-being of that child. When the court appoints a guardian on a permanent placement, the child's permanency plan will continue to be reviewed every six months. The dispositional order will remain in place until the earliest of the child's 18th birthday, a change in placement, the date when the court terminates the order, or 30 days after the guardianship ends.

Delegation of Power by Parent. In lieu of petitioning the court for the appointment of a guardian for his or her child, a parent may delegate certain parental powers to an agent, for up to one year, without court involvement. With a properly executed power of attorney, any of the parent's powers regarding the care and custody of the child may be delegated to an agent, except the agent cannot provide consent for: (a) the child to marry or adopt; (b) the performance or inducement of an abortion on or for the child; (c) the termination of parental rights to the child; or (d) enlistment of the child in the U.S. armed forces. This delegation of power also cannot supersede actions that require a court order, such as placement into out-of-home care, or investigations of child abuse or neglect.

A delegation of power by a parent may remain in effect for no longer than one year unless made to a relative of the child or approved by a court. A power of attorney may be revoked by the parent at any time by executing a written revocation and notifying the agent in writing of the revocation. Any person who delegates his or her powers regarding the care and custody of a child for longer than one year without first obtaining the approval of the juvenile court is subject to a fine not to exceed \$10,000 or imprisonment not to exceed nine months, or both.

Subsidized Guardianship. The statewide sub-

sidized guardianship program provides payments to guardians if a subsidized guardianship agreement is entered into before the guardianship order is granted and the court either terminates a CHIPS order or dismisses any CHIPS proceeding. The subsidized guardianship program also applies to tribal children under substantially similar tribal law.

The initial amount of the monthly payment is based on the circumstances of the guardian and the needs of the child but may not exceed the monthly foster care payment received in the month immediately preceding the guardianship order. Subsidized guardianship payments must also be provided for a sibling of the child if it is determined that it is appropriate to also place the sibling in the home of the guardian, regardless of whether the sibling meets the eligibility requirements described below.

To be eligible, a child must meet all of the following conditions: (a) has been removed from the home under a voluntary agreement or court order containing a finding that continued placement in the home would be contrary to the welfare of the child; (b) has been residing in the home of the guardian for not less than six consecutive months; (c) neither return to the home nor adoption is in the child's best interest; (d) demonstrates a strong attachment to the guardian; and (e) if over age 14, has been consulted with regarding the guardianship arrangement.

Further, the guardian must meet all of the following conditions: (a) is a relative of the child or, prior to the child's placement in out-of-home care, has a significant emotional relationship with the child or the child's family that is similar to a familial relationship; (b) has a strong commitment to caring permanently for the child; (c) has been licensed as the child's foster parent for not less than six consecutive months immediately before being named guardian and meets, along with all adults residing in the home, background check requirements; and (d) has entered into a

subsidized guardianship agreement.

The subsidized guardianship agreement must specify a number of terms and conditions, such as the amount of the monthly payment and the manner in which it may be adjusted based on changed circumstances and any additional assistance for which the child or guardian are eligible (including medical assistance). The agreement may also provide for up to \$2,000 of nonrecurring costs. Such agreements remain in effect without regard to the state of residence of the guardian.

On the death or incapacity of a guardian or the termination of guardianship, the monthly subsidized guardianship payments may be made to an eligible interim caretaker for up to 12 months to allow for the interim caretaker to become a licensed foster parent. Eligibility for federal guardianship assistance funding is not affected by the replacement of a guardian with a successor guardian named in the guardianship agreement.

In 2013, 584 children were discharged to guardianships, of whom 196 entered the subsidized guardianship program. Of the total children that discharged to guardianship, 509 children had a relative guardian and 75 children had a nonrelative guardian.

Adoption. When a child is removed from his or her home and enters the child welfare system, the child is in the physical custody of the county or tribe. If the court terminates a child's parents' rights, the child is legally available for adoption.

The court may transfer guardianship and custody of the child pending adoptive placement to: (a) a county department authorized to accept guardianship; (b) a child welfare agency licensed to accept guardianship; (c) DCF; (d) a relative with whom the child resides, if the relative has filed a petition to adopt the child, is a kinship care relative, or is receiving foster care payments; (e) an individual who has been appointed guardian of the child by a court of a foreign jurisdic-

tion; or (f) the guardian if the court appoints a guardian. Another option for the court is to transfer guardianship to (a) through (c) above, but transfer custody to an individual in whose home the child has resided for at least 12 consecutive months immediately prior to the termination of parental rights or to a relative. Finally, if the child is unlikely to be adopted, the court may enter an order placing the child in sustaining care.

Adoptions may be: (a) by relatives or stepparents; (b) for infants through licensed private adoption agencies; (c) international adoptions through licensed private adoption agencies; and (d) from out-of-home care. For children legally available for adoption, but for whom it is difficult to find an adoptive home and who meet specific criteria, the state provides adoption services through the special needs adoption program. All proposed adoptive parents who have not previously adopted a child must receive 18 hours of training before the adoption is finalized.

In 2013, 677 children were adopted in Wisconsin. The average time between removal and TPR was 25.9 months. The average time from TPR to the finalized adoption was 8.4 months. Only 32.8% of children were adopted within 24 months of removal from their home.

After adoption, the child is given a new birth certificate and the legal relationship with the birth parents is severed. The adoptive family is given all the rights, duties, and legal consequences of a parent-child relationship.

Special Needs Adoption Program. The special needs adoption program provides adoptive services for children with special needs for whom it is difficult to find an adoptive home. DCF administers the program, under which state and contracted staff provide case management and adoptive placement services.

Table 8: Special Needs Adoption Program

Region	Regional Office Location	Lead Contracted Agency
Eastern	Green Bay	Lutheran Social Services
Southern	Madison	Children's Services Society of Wisconsin
Western	Eau Claire	Lutheran Social Services
Milwaukee	West Allis Milwaukee	Children's Services Society of Wisconsin Integrated Family Services

The special needs adoption program is organized by regions throughout the state. Table 8 shows the region, the location of the regional offices, and the contracted agency assigned to each region. Currently, the contracted agencies in the eastern and southern regions subcontract with at least one other vendor to handle some of the workload.

DCF administers the program in the Division of Safety and Permanence and also contracts with private vendors in three regions for caseworkers and supervisors. The amount budgeted for the contracts in 2014-15 totals \$4,148,700. BMCW contracts to provide similar services for children with special needs in Milwaukee County through its ongoing services case management contracts with SaintA and with Children's Hospital of Wisconsin-Community Services.

The state staff includes regional supervisors and social workers who consult with counties to identify children for whom adoption is an appropriate permanency option, to assist in the permanency planning for each child before TPR, and to search for adoptive families for these children. The contracted staff provide case management services for children who are in the state's custody and guardianship, provide services to the court, identify potential adoptive parents, and conduct home studies of these parents. In addition, they provide the adoption readiness and training services for pre-adoptive families and children.

In addition to the caseworker and supervisor positions, central office state adoption program managers ensure that appropriate services are provided to cases while adoptions are being finalized.

Federal and state law emphasizes specified timelines for providing permanence for children. Timely permanence for children is supported with concurrent permanency goals. For example, reunification with the birth parents and adoption may be simultaneously sought and planned for. State permanency consultants who are social workers develop and maintain working relationships with local and tribal child welfare agency staff, court representatives, service providers, and families so that they can identify children who may be in need of permanent placement and potential resources to address this need. These consultation activities include reunification, guardianship, and adoption. Consultation activities are intended to decrease the time between the TPR and the finalized adoption.

In 2013, the average time between the TPR and the finalized adoption in the special needs adoption program was 8.3 months statewide (including Milwaukee County). The current federal child and family services review performance measures require each state to demonstrate that children in out-of-home care are adopted within 24 months after they are removed from their homes.

Table 9 shows the number of special needs adoptions finalized over the period from 1998 to 2013. In 2013, 759 adoptions were finalized, including 242 in Milwaukee.

As shown in Table 9, in Milwaukee County, finalized adoptions typically total between 200 and 300 per year, and, in all other counties, finalized adoptions total between 450 and 500 per year. The number of adoptions temporarily increased from 2002 through 2005 when a backlog worked through the child welfare system follow-

Table 9: Number of Finalized Special Needs Adoptions Statewide 1998-2013

Year	Non-Milwaukee Counties	Milwaukee County	Statewide Number	% Change
1998	415	307	722	---
1999	350	304	654	-9.4%
2000	421	288	709	8.4
2001	464	263	727	2.5
2002	544	500	1,044	43.6
2003	562	591	1,153	10.4
2004	563	461	1,024	-11.2
2005	480	422	902	-11.9
2006	455	271	726	-19.5
2007	476	248	724	-0.3
2008	481	218	699	-3.5
2009	463	248	711	1.7
2010	460	281	741	4.2
2011	503	277	780	5.3
2012	525	234	759	-2.7
2013	517	242	759	0.0

ing a change in the adoption contract from the Milwaukee County Department of Health and Human Services to Children's Service Society of Wisconsin.

If, after being in the state's custody for two years in the special needs adoption program, a child has not been adopted (and there is no agreement for subsidized guardianship), DCF may petition the court to transfer legal custody of the child back to the county. The state maintains guardianship, and state adoption social workers continue to search for an adoptive placement for the child, but the county administers all daily case management and has financial responsibility for the case.

State Foster Care Payments for Children with Special Needs. When the state gains legal custody of a child and the child is in an out-of-home care placement, DCF assumes responsibility for the monthly payments to the out-of-home care provider. In 2014-15, \$3,886,300 (\$2,618,800 GPR and \$1,267,500 FED) is budgeted for DCF to make these payments. In August, 2014, DCF made payments on behalf of 334 children in the state foster care program.

Adoption Assistance Payments for Children with Special Needs. DCF makes monthly adoption assistance maintenance payments to the adoptive or proposed adoptive parents of a child after an adoption agreement has been signed and the child is placed in their home. These payments are intended to assist in the cost of care for that child. Adoption assistance can only be provided for a child with special needs and when DCF has determined that such assistance is necessary to assure the child's adoption.

Monthly adoption assistance payments range from \$0 to \$2,000. The circumstances of the adoptive parents and the needs of the child are considered in determining the amount of assistance. The amount of the maintenance payment is based on the applicable uniform foster care rate in effect at the time the adoption agreement was made and on the care needs of the child.

Under administrative rule, DCF must consider various family circumstances in determining the amount of the monthly adoption assistance payment. Under federal law, states cannot use a means test to determine adoptive parents' eligibility for the adoption assistance program, but may consider the adoptive parents' circumstances in determining the amount of the assistance payment. In addition, states cannot reduce the assistance payment because of a change in the adoptive parents' income without the adoptive parents' agreement.

To be eligible for adoption assistance, a child must have at least one of the following special needs at the time of the adoption: (a) the child is 10 years of age or older, if age is the only factor in determining eligibility; (b) the child is a member of a sibling group of three or more children who must be placed together; (c) the child has, or is at high risk of developing, a total of five or more moderate or intensive needs due to adjustment to trauma, life functioning (including physical, mental, and dental health; relationships with family members; and social skills), functioning in

a child care or school setting, behavioral and emotional needs, or risk behaviors; or (d) the child belongs to a minority race in which children of that race cannot be readily placed due to lack of appropriate placements. Most children available for adoption through the state adoption system meet one or more of these criteria.

Adoption assistance may continue until the child reaches age 18 or until age 19 if the child is enrolled as a full-time student in high school. Further, it may continue to age 21 if the child is in high school (or its equivalent) and that child either has an IEP or a mental or physical handicap. Payment will stop when the adoptive parent(s) no longer support the child (for example, when the child marries or joins the armed forces). The adoptive family may request that the adoption assistance be reduced or terminated at any time.

In 2014-15, \$93,268,700 (\$47,929,100 GPR and \$45,339,600 FED) is budgeted for adoption assistance payments. The federal funding is available under Title IV-E as reimbursement for a portion of the costs of the payments. This partial reimbursement is available for payments made on behalf of children who meet certain eligibility criteria as determined by DCF. In August, 2014, DCF made adoption assistance payments on behalf of 9,402 children in Wisconsin.

In addition to monthly adoption assistance payments, families may be eligible for reimbursement for one-time adoption expenses, such as legal or agency fees, up to \$2,000 per child. Also, most children for whom DCF makes adoption assistance payments remain eligible for medical assistance, which pays for eligible medical expenses not covered by the family's health insurance.

Other Adoption Resources. DCF contracts with the Coalition for Children, Youth & Families (CCYF) to administer the state adoption information center and adoption exchange center. These centers provide information to prospective

adoptive families on all types of adoption, to birth parents on the adoption process, to adoptive families after adoption, and to professionals and the general public. CCYF publishes *Adopt!*, a semiannual paper publication that showcases children available for adoption in Wisconsin, and promotes the adoption of children through newspaper columns, television feature stories, and posters. The adoption resources website provides information on children available for adoption, information on the special needs adoption process, and information on post-adoptive services, and identifies available resources on adoption that can be loaned out. In 2013-14, DCF allocated \$338,000 to CCYF to provide these services.

Post-Adoption Resource Centers. The post-adoption resource centers (PARCs) are agencies that: (a) provide education, support activities, and services to adoptive families; (b) improve community awareness of and promote a positive image of adoption; (c) create a better understanding of unique issues facing adoptive families among public and private human service providers, schools, and medical care providers; (d) increase availability of services for adoptive families; and (e) establish collaborative efforts among public and private organizations and the general public to address the needs of adoptive families. DCF allocates an annual federal grant to each center that ranges from \$70,000 to \$98,500. The federal funding is available under Title IV-B, Subpart 2. The seven Wisconsin regions served by each administering agency are shown in Table 10.

Table 10: PARC Regions and Administering Agencies

Region	Agency
Milwaukee	Adoption Resources of Wisconsin
Southeastern	Adoption Resources of Wisconsin
Southern	Catholic Charities, Diocese of Madison
Southwestern	Catholic Charities, Diocese of Madison
Northern	Catholic Charities, Diocese of La Crosse
Northwestern	Catholic Charities, Diocese of La Crosse
Northeastern	Family Services of Green Bay

Each PARC has a toll-free telephone number to respond to questions or concerns from families who have adopted. The PARCs provide services in their region, but each service is available to families statewide. PARCs provide: (a) training on a variety of issues that affect families with adopted children; (b) access to community resources; (c) referrals to adoption-related support groups, recreational and educational opportunities, and resources; and (d) opportunities to meet with other adoptive families.

Adoption Record Search Program. In general, all records pertaining to adoption proceedings are closed after an adoption. The adoption record search program assists persons who have been adopted or whose birth parents have terminated their parental rights obtain certain information about themselves and their birth relatives. This information includes:

- Nonidentifying social history information (such as age of birth parents, nationality, race, education, and general physical appearance).
- Medical and genetic information about birth parents and other family members.
- Most recent names and addresses of birth parents on file when the birth parents have filed affidavits allowing the release of that information.
- A copy of the impounded birth certificate, if the birth parent authorizes release of the original birth certificate at the time of adoption.

When a physician has determined that the life or health of an adopted person or their offspring is in imminent danger or that treatment without medical and genetic information would be injurious to his or her health, DCF will attempt to obtain needed medical and genetic information from the birth parents. Similarly, if a physician submits a report stating that a birth parent or another offspring of the birth parent has acquired or

may have a genetically transferable disease, the adopted person (or, if under 18 years of age, the adopted person's guardian, custodian, or adoptive parent) must be notified.

Adoption Dissolution. A finalized adoption may be dissolved via a termination of parental rights pursuant to a court order. Parental rights may be terminated voluntarily or involuntarily. A court will not terminate parental rights unless the termination is in the best interest of the child.

2013 Act 314 made several alterations to Wisconsin law to prevent custodial caregivers from avoiding the court process by "re-homing" their adopted child via unauthorized delegations of parental rights. As discussed above, any person who delegates their parental powers for longer than one year without court approval is subject to a fine not to exceed \$10,000 or imprisonment not to exceed nine months, or both. Further, unauthorized interstate placement of a child is now a Class A misdemeanor. Act 314 also expanded existing prohibitions against advertising adoptive placement to include other forms of permanent physical placement. Such prohibitions now include communications by any computerized communication system, such as by email or internet forums.

Youth Aging Out of Out-Of-Home Care.

Under state law, a child can remain in an out-of-home care placement until he or she is 18 years of age, or, if the youth is expected to graduate from high school, 19 years of age (or 21 if an IEP is in effect). After this time, the youth "ages out" of out-of-home care and is expected to begin to live independently and, unless the youth pursues higher education, to enter the job force. Over 450 youth "age out" of out-of-home care each year in Wisconsin.

Changes introduced by 2013 Wisconsin Act 334 permit a full-time student with an IEP to continue in out-of-home care under a voluntary transition-to-independent-living agreement, or an

extended dispositional order of the juvenile court, until that child earns a high school or high school equivalency diploma or reaches 21 years of age, whichever occurs first.

Chafee Foster Care Independence Program (CFCIP). CFCIP allocates funding to states to provide independent living services to youth aging out of out-of-home care, as well as youths between the ages of 18 and 21 who were formerly in out-of-home care. Participation by youth in the program is voluntary.

States can use the federal funds in any way that allows them to achieve the general purpose of the program, which is to help eligible children make the transition to self-sufficiency through services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities. Federal law requires states to educate youth aging out of out-of-home care about the importance of a health care power of attorney.

Wisconsin received \$2,149,767 in FFY 2013 under the Chafee independent living program. DCF allocates this funding to counties and tribes on an annual basis. The allocations for calendar years 2014 and 2015 are shown in Attachment 2. Counties and tribes must use these funds for independent living services for youths who were placed in out-of-home care for at least six months between the ages of 15 and 18, for as long as they remain in care, and until age 21 for youth that age out of care at age 18.

Although counties and tribes may use independent living funds for a wide range of services to assist youth in becoming self-sufficient, DCF has identified skill areas that must be addressed. The funds may also be used for room and board expenses for youth between 18 and 21 years old who were in out-of-home care until their 18th

birthday, although no more than 25% of the total allocation may be used for this purpose. Counties and tribes use most of the funds to support independent living coordinators and direct services to youth.

Counties and tribes are required to provide a 20% match, either in cash or in-kind services, for the federal funds. The cash match may include funding from community aids, children and family aids, local tax levy, Title IV-E incentive funds, or other local or state funds that are not used as match for other federal dollars.

Each county or tribe's program is organized differently. Counties and tribes can assign ongoing caseworkers, independent living coordinators, or outside agencies to administer the program to eligible youths. Counties and tribes that would be serving fewer than 15 eligible children under the age of 18 may enter into consortia with surrounding counties to ensure that a comprehensive program is available to all eligible and participating youth.

States have freedom to define the specific populations served under CFCIP, but federal law requires states to at least serve youth between the ages of 18 and 21 who left foster care at age 18. In Wisconsin, a youth is eligible under CFCIP if he or she: (a) is currently in an out-of-home care placement and has been in the placement for at least six months after age 15; (b) is currently in subsidized guardianship or long-term kinship care if the youth had been in out-of-home care for at least six months after age 15; (c) was adopted after age 16 from an out-of-home care placement, subsidized guardianship, or long-term kinship care; or (d) left an out-of-home care placement, subsidized guardianship, or long-term kinship care at age 18. If a youth leaves out-of-home care for any reason other than aging out of care (such as incarceration or reunification prior to age 18) he or she is no longer eligible for independent living services. Title IV-E eligibility is not required in order to receive services.

If a youth has been in out-of-home care for at least six months after the age of 15, he or she is referred to the independent living program. Each youth referred to the program receives an assessment of his or her independent living skills. Using the results of the assessment, the independent living caseworker, with the youth's input, develops an independent living (IL) plan. IL plans become part of the permanency plan and are reviewed at minimum every six months. The IL plan can be updated at any time.

During the 90 days immediately before the child ages out of out-of-home care, the child must also receive assistance and support in developing a plan for making the transition from out-of-home care to independent living. The plan must: (a) be personalized at the direction of the child; (b) be as detailed as the child directs; and (c) include specific options for obtaining housing, health care, education, mentoring and continuing support services, and workforce support and employment services. DCF indicates that its policy is to have the planning phase begin when the youth is age 17 years and six months and to have the transition plan approved and signed by the youth 90 days prior to the youth's 18th birthday or 90 days prior to the date that the 18-year-old leaves care. A youth may leave care even if the goals of the plan are not fully met.

After the youth ages out of care and until their 21st birthday, the youth may continue to receive services through the county or tribal independent living program. The level of service is determined by the needs of the youth.

Attachment 3 provides information on the independent living program for 2013, including the number of eligible youths, the number of assessments and plans completed, the number of youths receiving services, and the amount of funding counties used for room and board expenses.

Independent Living Restructuring. As of May, 2014, only 41% of eligible youth received inde-

pendent living services. Research indicates that youth who age out of the child welfare system are at much higher risk of adverse economic and social outcomes, including homelessness, higher unemployment rates, lower educational enrollment, and higher rates of criminal involvement.

DCF is restructuring in order to improve the delivery of independent living services. The Office of Youth Services was created in DCF to focus on older youth in the child welfare system. DCF will contract with regional service agencies to provide in-person services for youth over the age of 17½. DCF has set expected outcomes for those aged 18 to 21 for housing, education, health, well-being, and employment. The regional service agencies will be the primary point of contact for achieving the expected outcomes.

County agencies will continue to be the primary point of contact for permanency planning and educational success for all children under the age of 18. However, the regional service agencies will have the primary responsibility for specialized services unique to older youth, such as employment development and achieving the youth's independent living goals.

The first phase of the restructuring is expected to go into effect for two or three regions in January, 2016. The second phase will expand the restructuring to all remaining regions in the state starting January, 2017.

Education and Training Vouchers Program. The federal education and training voucher (ETV) program helps youths transition to self-sufficiency and receive the education, training, and services necessary to obtain employment. ETV is federally funded under the Title IV-E of the Social Security Act. The funding is used to support vouchers for post-secondary education and training available to youths who have aged out of out-of-home care. The funds were first available in federal fiscal year (FFY) 2004. Wisconsin received \$684,200 in ETV funds in FFY

2013 for distribution to counties, tribes, BMCW, and the DCF scholarship program. Of this amount, \$524,000 supported the DCF scholarship program (described in further detail below). The remaining \$160,200 was distributed to counties, tribes, and BMCW.

Youths may receive services funded under ETV if they meet state eligibility criteria for the independent living program and federal ETV eligibility requirements. A youth is eligible for the ETV program if he or she exited an out-of-home care or court-ordered kinship care placement at age 18 or went into court-ordered guardianship or was adopted after the age of 16.

If a youth is participating in the ETV program on his or her 21st birthday, is enrolled in a post-secondary education or training program, and is making satisfactory progress toward completion of that program, he or she can remain eligible for ETV-funded services until he or she reaches the age of 23. A youth may participate in the ETV program prior to high school graduation if he or she has senior standing and is enrolled in a certificate program that is directly connected to employment that can be obtained without a high school diploma, such as a certified nursing assistance.

The ETV funds must be used to help establish, expand, or strengthen post-secondary educational assistance for youths eligible for independent living services. The IL plan developed for each youth eligible for the independent living program must include an education plan. Therefore, the IL plan for a youth eligible for the ETV program should address: a plan for successful completion of secondary education; communication with secondary or postsecondary educational counselors, officials, and support personnel; a plan for completion of required applications, tests, and financial aid forms; a plan for providing support during post-secondary educational or training attendance; and a plan for applying for other financial aid. Youth participation is re-

quired in designing their program activities. In addition, certain requirements, such as maintaining satisfactory progress and other procedural requirements, can be placed on the youths to remain in the program.

The total amount of ETV and DCF scholarship (described below) expenditures for which a youth is eligible cannot exceed the total cost of attendance at an institution of higher education per year (and may not exceed \$4,000 per year).

PATHS Pilot Project. The federal Administration on Children and Families awarded DCF a two-year planning grant to assist youth between ages 14 and 21 who are in (or have been in) foster care and are likely to experience unstable housing or homelessness as they transition to adulthood. The PATHS to Success program is designed to achieve better outcomes for these vulnerable youth in five areas: permanent connections, academics, training and employment, housing, and social and emotional well-being.

One of DCF's goals under the PATHS to Success program is to expand housing options, services, and partnerships at the local level for youth and young adults at risk of homelessness. The PATHS Pilot Project will be comprised of three key components: (a) supervised independent living; (b) comprehensive and targeted services; and (c) community partnerships.

Three PATHS Pilot Project sites began implementation in August 2014: Dane County, Rock County, and a four-county consortium composed of Sheboygan (as the lead), Door, Kewaunee, and Manitowoc Counties.

DCF Scholarship Program. The Department of Children and Families awards scholarships of up to \$5,000 for youth who have been in out-of-home care and are entering a degree, license, or certificate program. The scholarship awards may be used for tuition, fees, and books for youth that have been approved to attend a post-secondary

education or training institution. A youth is eligible if he or she: (a) has been in out-of-home care in Wisconsin (includes foster home, treatment foster home, group home, RCC, or court-ordered kinship care) for at least six months after the age of 15 and left the placement at age 18; (b) has been in out-of-home care in Wisconsin for at least six months after the age of 15 and adopted after the age of 16; or (c) has been in an out-of-home care placement in another state but becomes a Wisconsin resident before attending a Wisconsin post-secondary institution. In addition, the individual must be accepted into an institution of higher education at the time the application is submitted and be no more than 20 years of age, unless he or she is enrolled in a post-secondary program on his or her 21st birthday, in which case the individual remains eligible until he or she is 23 years old. Youths may apply and receive funding more than one time over the course of their education or training.

In 2013, DCF awarded \$524,000 FED in scholarships to 190 youths. The federal funds are available under the ETV federal grant award. The DCF scholarship program received a total of 215 applications, of which 190 were approved, 13 did not meet requirements, and two were denied due to lack of funding. Twenty applications were returned as incomplete. The number of scholarships provided and those approved differ because some youths may not have actually attended college, the school may not have submitted an invoice to DCF, or the youth may be receiving other financial aid sufficient to cover expenses.

Reentry into Out-Of-Home Care. Pursuant to 2013 Act 334, DCF promulgated emergency administrative rules that provide conditions and procedures for reentry into out-of-home care after aging-out. A youth who was discharged from out-of-home care either by termination of, or failure to enter into, a voluntary transition-to-independent-living agreement may be eligible to reenter out-of-home care if the youth has an IEP, is between 18 and 21 years old, and is a full-time

student at high school or high-school equivalent. A child welfare agency must allow an eligible youth to reenter out-of-home care at least two times, but may use discretion to deny reentry thereafter. The agency may consider such factors as whether the youth is, or is at risk of becoming, homeless, is pregnant or parenting, or has significant mental health issues.

A child welfare agency must determine the youth's eligibility within five working days. If the youth is not in school, the agency must assist the youth with enrollment. If the youth is eligible, the agency will enter into a new voluntary transition-to-independent-living agreement with the youth as soon as practicable. The youth is placed into out-of-home care within 24 hours and into a long-term placement within 10 days. If ineligible, the agency must notify the youth of its decision in writing and provide information on the youth's right to appeal the decision to the agency's director within 10 days. Further appeals may be made to the DCF Division of Safety and Permanence.

Funding to Support Costs of Providing Child Welfare Services

Counties support the costs of providing child welfare and child protective services with a combination of state, federal, and local funding. In 2013, counties and BMCW reported all funds spending of \$322.4 million for services for children and families.

Children and family aids, formerly part of community aids, is the primary source of state and federal funding to counties for child welfare services, other than services provided in Milwaukee County. DCF also allocates funding to counties and tribes under the kinship care program for children placed in the care of a relative and for whom no foster care payment is made. In addi-

tion, other federal funds support families and support youth as they age out of the out-of-home care system. These funding sources are described in further detail below. Funding for child welfare services (not including juvenile justice) in Milwaukee County is discussed in the BMCW section of this paper.

Children and Family Aids. The children and family aids program is comprised of state and federal funds that are distributed by DCF to counties for the provision of services related to child abuse and neglect and to unborn child abuse, including prevention, investigation, and treatment services.

Each county is provided a basic county allocation, referred to as the children and families allocation (CFA). In 2014-15, the amount of funding budgeted for the CFA was \$66,475,500 (\$29,226,900 GPR, \$29,163,700 FED, and \$8,084,900 PR). The CFA includes general purpose revenues (GPR) and federal funding available under Titles IV-E and IV-B (Subpart 1) of the Social Security Act, the social services block grant (SSBG), and the temporary assistance for needy families (TANF) block grant. These federal funding sources are described below.

State law requires counties to match a portion of the CFA. In practice, most counties provide funding above the match requirement. Counties reported spending \$422.5 million in county tax levy for human services in calendar year 2013. Of this amount, \$107.2 million was reported for abused and neglected children and for children and families.

Additional information about the CFA and related programs can be found in the Legislative Fiscal Bureau informational paper entitled "Community Aids / Children and Family Aids."

Title IV-E. Title IV-E of the Social Security Act provides reimbursements to states for the cost of providing foster care, adoption assistance,

and kinship and guardianship assistance. Title IV-E provides an open-ended entitlement to reimbursement (except for the independent living program). There is no cap on the number of claims that can be submitted for reimbursement. However, as described below, funds are available only for certain reimbursable expenses made for children meeting the eligibility requirements.

Reimbursement. Reimbursement is provided for three main categories of costs: maintenance, administration, and training. Maintenance payments cover the costs of caring for a child, such as food, shelter, clothing, supervision, liability insurance, and school supplies. Maintenance costs are reimbursed at the same rate as most services provided under the state's medical assistance program, which currently is approximately 58%.

Title IV-E reimbursement is also provided to fund 50% of the costs of administration and placement services and up to 75% of certain training costs. Administrative activities include the costs associated with recruitment of and placement into adoptive homes, case management and supervision prior to adoption, and related overhead costs. Reimbursable training costs include training that increases the ability of foster parents, adoptive parents, guardians, staff members, institutions, and attorneys to provide support and assistance to foster and adopted children.

Claims for reimbursement are based on information reported by counties, tribes, and BMCW. Administrative activities are determined through a random moment time study.

A child must be both Title IV-E eligible and reimbursable for a state to claim maintenance costs. If the child is eligible, but not reimbursable, only the administrative costs related to the following are claimable: SSI recipients, children missing from care, trial reunifications, and out-of-home placements with relatives who are un-

dergoing the foster-care licensing process.

Reimbursability. The agency managing the child's case and the court must meet certain IV-E procedural requirements for the child to be reimbursable. For example, the child's placement must be with a reimbursable placement (such as a licensed foster home, group home, RCC, or with a subsidized guardian). Additionally, children receiving SSI benefits are not Title IV-E reimbursable.

Eligibility. As of September of 2014, approximately 54.3% of children in out-of-home care were Title IV-E eligible. Title IV-E eligibility is determined when the child leaves the home of his or her parents or caretaker and enters the care of a child welfare agency. The state eligibility unit and the Milwaukee eligibility unit, which are operated under contracts with DCF by MAXIMUS, Inc., recommend each child's eligibility based on information available from counties and tribes and in court documents. DCF staff review and approve the recommendations. The current six-year contracts with MAXIMUS began January 1, 2011.

Once a child is initially determined eligible, Title IV-E eligibility (except for the AFDC eligibility standard described below) must be re-determined annually for the child over the duration of the out-of-home care episode. If a child is determined not eligible, then the child is not IV-E eligible for the duration of the out-of-home care episode. A new IV-E eligibility determination must be conducted if the child reenters out-of-home care after being discharged from another out-of-home care placement.

A child in foster care or subsidized guardianship is Title IV-E eligible if the following two conditions are met. First, the child must have been removed from the home with judicial approval. In the case of a VPA, the judge must find that the voluntary placement is in the child's interest before the earlier of expiration of the VPA

or 180 days from the day of the placement. In the case of involuntary removal, a judge must find: (a) in the removal order, that the child's home was contrary to the welfare of the child; (b) within 60 days after the removal from the child's home, that reasonable efforts were made to prevent the removal of the child and preserve the family; and (c) within 12 months from the child's entry in to foster care, that the state is making reasonable efforts to obtain a permanent home for the child

Second, the child must meet several requirements that were in effect in July of 1996 under the former AFDC program. This includes that the child was living in the home of a parent (or certain other relatives) before removal, has been deprived of parental support, and that the child is financially "needy" based upon the household's income and resources (such as a resource limit of \$10,000). Furthermore, the child must be a U.S. citizen or qualified alien and must be under the age of 18 or between the ages of 18 and 21 and participating in certain education or work programs (or incapable of participating for medical reasons).

A special needs child is Title IV-E eligible for adoption assistance if one of the following conditions is met: (a) the child qualifies under the eligibility requirements identified above; (b) the child (or the child's sibling) has been in an out-of-home care placement for 60 consecutive months; (c) the child is eligible for SSI; (d) the child's parent is a minor in foster care receiving Title IV-E maintenance payments; or (e) the child was eligible for Title IV-E adoption assistance payments in an adoption that was dissolved or ending due to the death of the adoptive parent. Furthermore, federal law is gradually eliminating the AFDC requirements for special needs adoptions. The AFDC eligibility requirements will no longer apply to special needs adoptions of children aged six or older in 2015, four or older in 2016, two or older in 2017, and will no longer apply at all in 2018.

Funding. Table 11 shows the \$101.4 million Wisconsin received for Title IV-E funding in 2013. As shown in Table 11, the state receives Title IV-E funds on behalf of children with special needs awaiting adoption or who have been adopted. These Title IV-E funds are budgeted directly for the state foster care and adoption assistance programs and the federal amount for both of these programs is based on projected caseloads. In addition, some Title IV-E revenue is distributed to counties through the youth aids program allocation from the Department of Corrections on behalf of children in the juvenile justice system; to the University of Wisconsin through the training partnerships program; and to counties for local operational costs related to the electronic Wisconsin statewide automated child welfare information system (eWiSACWIS), foster parent training, and legal services including support for 8.5 child welfare state-employed assistant district attorneys located throughout the state.

In 2014-15, \$25.7 million in federal Title IV-E funds are budgeted in the CFA. This amount is determined through the state budget process based on the total funding need for community aids and children and family aids (and not on the number of children in out-of-home care). For costs incurred on behalf of children in Milwaukee County, Title IV-E funds are budgeted directly in the appropriation for BMCW.

Counties, excluding Milwaukee County, may receive additional Title IV-E funds if the state collects more Title IV-E funds than the amounts budgeted for children and family aids and other budgeted commitments. However, the state has not received any excess Title IV-E funds since 2007.

DCF indicates that the amount of Title IV-E matching funds earned by the state has decreased due to audit practices implemented through the IV-E eligibility review process, federal review of state IV-E claiming practices, and changes to

Table 11: 2013 Wisconsin Title IV-E Funding

<i>Expense Category</i>	<i>Allocation Type</i>	<i>2013 Claim (millions)</i>	<i>Budget Use</i>
<i>Adoption Assistance Maintenance costs</i>	• Adoption program	\$40.2	• Adoption assistance budget
<i>Adoption Assistance Administrative costs</i>	• BMCW • Adoption program	\$5.1	• BMCW operations • State operations
<i>Out of home care (OHC) maintenance costs</i>	• BMCW OHC costs • State OHC (pre- adoptive)	\$17.8	• BMCW OHC budget • State foster care budget • Children & families allocation
<i>OHC Administrative costs, in- cluding IV-E eligibility determination</i>	•BMCW operations •State operations	\$30.6	•BMCW operations •State operations •Children & families allocation •Legal services pass through
<i>Other IV-E Claiming:</i> •Enhanced Training •eWiSACWIS •Subsidized Guardianship	• Professional development system and training partnerships •Stipend programs •Foster parent training •eWiSACWIS operations •Subsidized guardianship	\$7.7: \$5.4 \$1.8 \$0.5	•Contracts with UW system and counties •eWiSACWIS state budget and pass-through to counties •BMCW OHC budget

federal policy made under the federal Deficit Reduction Act (DRA) of 2005. Although Title IV-E matching funds increased again during the 2011-13 biennium, with a surplus of Title IV-E funds in calendar year 2011, the state is awaiting the results of issues raised during the federal auditing process, which may require repayment of such funding. As a result, no additional funds have been distributed to counties since calendar year 2009.

Title IV-B, Subpart 1 - Stephanie Tubbs Jones Child Welfare Services Program. Title IV-B, Subpart 1 of the Social Security Act is a federal block grant that can be used for a broad range of child welfare services. States are required to provide a 25% funding match to the federal grant.

Federal law limits the amount of the grant and matching funds that can be used for foster care maintenance payments and adoption assistance payments to the amount expended for such purposes in 2005. Wisconsin did not make any such expenditures in 2005 and hence does not use Ti-

tle IV-B, Subpart 1 funding for foster care maintenance payments.

In FFY 2014, Wisconsin received approximately \$4.8 million FED under Title IV-B, Subpart 1. Of this amount, DCF distributed approximately \$2.9 million to counties as part of the children and family aids basic county allocation and \$0.1 million to tribes in calendar year 2013. The Department of Corrections distributed approximately \$0.8 million to counties under the youth aids program. DCF allocated \$0.7 million to the runaway program and retained approximately \$0.3 million to support other child welfare programs and state administrative costs. Wisconsin provided the required state matching funds through county child welfare agency expenditures required by the CFA.

TANF. Counties, other than Milwaukee County, and most tribes are reimbursed for the costs of kinship care payments separately from children and family aids. In Milwaukee County, DCF makes kinship care payments to eligible rel-

atives. Kinship care payments are funded with federal temporary assistance for needy families block grant funds.

To the extent TANF funds are not sufficient to fund kinship care costs, counties and tribes can either support these costs from other state aids, the local property tax, or other funds or place cases on waiting lists. However, by administrative rule, a court order for placement with a relative cannot be placed on a waiting list.

The kinship care program was created under provisions of 1995 Wisconsin Act 289, which created the Wisconsin Works program to replace the former AFDC program. Under AFDC, non-legally responsible relatives who provided care for children were eligible for an AFDC payment based on the income of the child.

With the transition to the levels of care foster care licensing system, court-ordered kinship care parents are required to apply to become licensed foster care parents. As kinship care parents convert to licensed foster care parents, children and family aids will fund the licensed foster care providers, rather than TANF. TANF continues to fund these placements until the placement converts to a licensed foster care placement and to fund those that do not convert to a licensed foster care placement.

Title IV-B, Subpart 2 - Promoting Safe and Stable Families (PSSF). Funding available under Title IV-B, Subpart 2 of the Social Security Act is intended to promote safe and stable families through family preservation, family support services, family reunification, and adoption promotion and support services. DHHS allocates funding to states based on each state's relative share of children whose families receive supplemental nutrition assistance. Each state must meet a 25% match requirement.

States are required to allocate at least 20% of their Title IV-B, Subpart 2 funding to each of the

four categories of activities: family preservation, family support, family reunification, and adoption promotion and support. These categories are defined in the Appendix under the "Family Preservation and Support Services Program."

In FFY 2014, Wisconsin received \$5,085,300 in PSSF funding. DCF allocated 20.9% of PSSF funds for state-level adoption promotion and support services activities (\$1,063,700), approximately 4.7% for state operations, including training and technical assistance to counties and tribes (\$238,300), 3.7% to fund two programs with statewide impact, the ACE Study and the Wisconsin Trauma Project (\$189,600), and the remaining 70.7% of PSSF funds are allocated to counties and tribes to fund family support, preservation, and reunification programs (\$3,593,700). Attachment 4 to this paper identifies the PSSF allocations to counties in calendar year 2015.

In addition, in FFY 2014 Wisconsin received \$320,100 in Title IV-B, Subpart 2 monthly case-worker funds, which were used to provide training activities for county workers.

Title IV-E - Chafee Foster Care Independence Funds. Federal funding is also provided to states to prepare youth to live independently after leaving out-of-home care and to provide transitional services to youth aging out of out-of-home care. The independent living program is described above.

Unlike the Title IV-E funding described above, Chafee Foster Care Independence funds are a capped entitlement. Each state receives funding based on its share of the nation's out-of-home care population. Each state is required to provide matching funds equal to 20% of the federal allocation. In FFY 2013, Wisconsin received \$2,179,800 in independent living funds.

In addition to independent living funds, Title IV-E funds are also provided to the Chafee Edu-

cational and Training Voucher program to help youths transition to self-sufficiency through the education and training voucher program. Wisconsin received \$684,200 FED in FFY 2013 in ETV funds for distribution to counties, tribes, and BMCW and for the DCF scholarship program.

Adoption and Legal Guardianship Incentive Program. Federal law provides states with incentive payments for successful adoptive and guardianship placements. States are given 36 months in which to expend the funds, which must be used to supplement (but not supplant) spending for services under Title IV-B or IV-E.

Previous federal law awarded payments to states for each adoption that exceeded that state's number of adoptions in federal fiscal year 2007. Wisconsin received adoption incentive funds in the amount of \$312,000 for FFY 2010, \$136,000 for FFY 2011, no incentive funds for FFY 2012, and \$216,253 for FFY 2013.

Federal law now provides incentive payments for improvement in the rates of adoptions and guardianships. States receive the following incentive payments for each placement exceeding the expected number of placements: \$4,000 for each guardianship, \$5,000 for each adoption, \$7,500 for each guardianship or adoption of children between the ages of nine and 14, and \$10,000 for each guardianship or adoption of a child older than 14.

The expected number of placements is determined by multiplying the previous year's foster care population by the base performance rate for the previous year or the average of the previous three years. The base performance rate is the number of placements in the performance year divided by the number of children in foster care in the year preceding the performance year.

For example, the expected number of adoptions in 2015 would be 429 if there were 500 adoptions in 2014, 3,500 children in foster care at

end of 2013, and 3,000 children in foster care at the end of 2014 ($429 = 3,000 * 500/3,500$). Thus, if there were 500 adoptions in 2015, the adoption assistance payment would be \$355,000 (\$5,000 for each adoption exceeding 429).

Social Services Block Grant (SSBG). The SSBG is a federal block grant that can be used to support a wide variety of social service programs. Federal law establishes five broad goals for the use of SSBG funding: (a) economic self-support; (b) self-sufficiency; (c) prevention of neglect and abuse; (d) preventing inappropriate institutional care; and (e) supporting appropriate institutional care. States may transfer up to 10% of their allotment for health services and the low-income home energy assistance program.

There are no eligibility criteria for SSBG participants. However, there is an income limit of 200% of the federal poverty level for recipients if the service is funded by TANF funds that were transferred to SSBG. Further, federal law places various prohibitions and restrictions on the use of SSBG funds, including for: (a) land purchases and construction; (b) non-emergency subsistence and room and board expenses; (c) educational services generally provided by public schools; (d) most medical care; and (e) social services provided in hospitals, nursing homes, and prisons.

In 2013-14, \$28.8 million in federal SSBG funds was budgeted in DHS, of which \$4,075,549 was transferred to DCF to support children and family aids and \$2,181,450 was budgeted for state operations in DCF.

Other Funding Sources. In addition to the funding sources already identified in this section, children in the child welfare system may receive services funded through other programs or sources. For example, children in out-of-home care are eligible for medical assistance, which pays for the child's health services. Many children in the child welfare system have developmental, physical, emotional, or mental disabili-

ties. Some of the costs of care for these children are supported by programs that serve people with these disabilities, including the community integration program, the Family Care program, and SSI. Additional information on these programs can be found in two other informational papers prepared by the Legislative Fiscal Bureau -- "Medical Assistance and Related Programs (BadgerCare Plus, Family Care, SeniorCare)," and "Supplemental Security Income."

Some case management activities conducted by child welfare caseworkers are not eligible for reimbursement under Title IV-E, but are reimbursable under federal Title XIX medical assistance. Medical assistance payments for these services are referred to as "targeted case management" (TCM) funds. Under the federal Deficit Reduction Act of 2005, TCM funds are no longer available for child welfare activities. However, Congress imposed a moratorium on implementation of this regulation regarding TCM funds. Thus, DHS continued to claim TCM funds. Approximately \$10.5 million in TCM revenues was available in 2014-15, representing nine months of claims, for services provided from April 1, 2013, through December 31, 2013.

Beginning January 1, 2014, the state no longer claims federal medical assistance funds for TCM services. Instead, DHS is implementing a new health care program, Care4Kids, to improve the quality, timeliness, and access of health services for children and youth in out-of-home care. The targeted case management services that counties previously provided will be mostly replaced with this program. The program launched January 1, 2014, in six Southeastern Wisconsin counties: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha. These counties serve approximately 2,600 children, which is about half of the children in foster care in Wisconsin.

Bureau of Milwaukee Child Welfare (BMCW)

Beginning January 1, 1998, the state became responsible for administering child welfare services in Milwaukee County. Previously, the Milwaukee County Human Services Department (MCHSD) had this responsibility. The state took over this role as required by legislation enacted in the 1995 and 1997 legislative sessions in response to a lawsuit filed against the state and Milwaukee County. The suit alleged that the state and the county were in violation of federal law and that the administration of child welfare services in Milwaukee County failed to keep children safe.

The federal court approved a three-year settlement agreement on September 2, 2002, effectively closing the case, although the state is subject to arbitration or court intervention if non-compliance issues arise. The settlement required the state to attain specified outcomes for permanence, safety, and child well-being for children in out-of-home care in Milwaukee County. A progress report for the first six months of 2013 indicates that BMCW has met all but one standard under the settlement. The settlement required that at least 90% of children in out-of-home care have three or fewer placements, but only 87% did. This standard will continue to be monitored.

Oversight and Administration of BMCW. Child welfare services are provided by BMCW in the DCF Division of Safety and Permanence. Services are provided from a central administrative site located in the City of Milwaukee. DCF also contracts with private vendors to provide services to families in the child welfare system.

Milwaukee Child Welfare Partnership Council. The Milwaukee Child Welfare Partnership Council makes recommendations to DCF and the Legislature regarding child welfare services in Milwaukee County. DCF must prepare a re-

sponse to the recommendations submitted by the Council within 60 days of receiving the Council's report. DCF must transmit the Council's report and DCF's response to the Governor and to the appropriate standing committees of the Legislature.

The Council must hold at least one public hearing each year at which it must encourage public participation and solicit public input. The Council must also advise DCF in planning, and provide technical assistance and capacity-building to support, a neighborhood-based system for the delivery of child welfare services in Milwaukee County.

The Council consists of: (a) three members of the Milwaukee County Board nominated by the Milwaukee County Executive; (b) two state representatives, one appointed by the Speaker of the Assembly and one appointed by the Assembly Minority Leader; (c) two state senators, one appointed by the Senate President and one appointed by the Senate Minority Leader; (d) 10 state residents, no fewer than six of whom are residents of Milwaukee County; (e) the Milwaukee County district attorney (or his or her designee); and (f) the presiding judge of the children's division of the Milwaukee County circuit court. The Governor appoints the chairperson of the Council from the 10 public members. Members from the Milwaukee County Board and public members

are appointed for three-year terms.

In addition to the executive committee, the Council has three subcommittees: (a) adoption and out-of-home care; (b) critical incident review; and (c) health and education. Further, ad hoc committees may be formed for specific purposes. The subcommittees meet as necessary. The full Council meets every other month.

Organization of Child Welfare Services in Milwaukee County. The child welfare system in Milwaukee County runs parallel with the systems in the other counties in the state. Table 12 compares the two systems.

Attachment 5 to this paper illustrates the decision-making process for child welfare cases in Milwaukee County. The system and processes in BMCW are described in the next sections.

Access Unit. The access unit receives all incoming reports of possible child abuse or neglect and gathers information from the referral source. If there is reason to suspect possible child maltreatment, the access unit will screen in the referral. Referrals screened into the system by the access unit are either referred to the initial assessment unit for further assessment, or are referred to Community Impact Programs, the agency that performs independent assessments under contract with the state. Independent investigations are

Table 12: Comparison of the Child Welfare System in Wisconsin Between Milwaukee County and Non-Milwaukee Counties

	Counties other than Milwaukee County	Milwaukee County
Child Welfare	County Human or Social Services Department	DCF, Bureau of Milwaukee Child Welfare
Funding Sources	Community Aids, Independent Living funds, Title IV-B (2) funds, county funds	GPR and federal funds (including Title IV-E, Independent Living, Title IV-B (2) funds), Milwaukee County's contribution, TANF,
Adoption Unit	Special Needs Adoption Program (state)	Adoption unit in BMCW

conducted if there is a possibility of a conflict of interest in cases where BMCW conducts the assessment. For example, a report alleging abuse or neglect in a foster home would be referred for independent investigation.

From January through July of 2014, the access unit received an average of 2,559 calls per month, with an average of 1,369 calls per month specific to a child abuse and neglect referral. Of these referrals, on average, the access unit screened 826 per month into the system for further assessment. The remaining referrals were screened out for various reasons, including referrals that did not meet the statutory criteria for child abuse and neglect.

Family Intervention Support and Services (FISS). BMCW provides services when a parent, rather than the state or county, seeks a petition for the court to assume authority for an adolescent (age 12-17) under CHIPS criteria. These situations involve adolescents who are considered uncontrollable by their parents. The legislation enacting the transfer of child welfare services to the state did not specify that BMCW would provide access services for these cases. However, the Milwaukee County Children's Court found the statutory language unclear regarding responsibility for these adolescents and ordered BMCW to provide intake services.

The FISS program is designed to assess and provide services to these families who are experiencing difficulties with their adolescent children. As of July 1, 2014, the FISS program is administered by the Milwaukee County Behavioral Division, which provides the access and assessment portion of the program. The access and assessment portion is designed to assess adolescents who are experiencing behavioral problems, truancy issues, school or academic related problems, runaway behavior, and parent/child conflicts. Direct services are not provided in the access and assessment portion of the FISS program.

Based on the assessment, and the family's level of need, the family and adolescent may: (a) receive services from general community resources; (b) return to Milwaukee County Children's Court for additional pre-CHIPS or pre-delinquent services; (c) be referred to BMCW for additional services; or (d) be referred to the ongoing FISS services unit administered by the Milwaukee County Behavioral Health Division. Between January and June of 2014, the FISS services unit, on average, received eight referrals per month, had seven families complete services each month, and had 26 cases open at the end of each month.

Initial Assessment Unit. Initial assessment specialists, who receive referrals from the access unit, are responsible for determining: (a) if child abuse or neglect has already occurred, who did it, and the extent and the severity of the abuse or neglect if it has occurred; (b) the level of impending danger to a child in the family of future abuse or neglect; and (c) the types of services to be included in a safety plan for a child in order to prevent abuse or neglect from occurring in the future. These determinations are based on interviews with family members, home visits, and other contacts in order to determine the level and nature of child, caregiver, and family functioning, and identification of any factors within the family that place a child at risk.

If staff determines that a child is not safe and is at risk of further abuse or neglect, the case is opened and staff determines whether the child can remain at home if the family receives intensive in-home services, or if the child needs to be removed and placed in out-of-home care. Otherwise, if staff determines the child is safe, the case is closed. Referrals may be made for community services. Cases with children removed and placed in out-of-home care are referred to one of two agencies for ongoing case management.

Between January and June of 2014, the initial assessment unit timely completed assessments of

895 cases within the statutory mandated 60 days and completed assessments for an additional 1,729 cases, albeit untimely. As of June 30, 2014, there were 1,166 cases within the 60-day timeframe that were pending for assessment and an additional backlog of 2,918 cases which had not been assessed within the 60-day timeframe.

DCF indicates that the backlog was due to a higher than expected caseload of screened-in referrals and an unusually high amount of employee turnover in BMCW. DCF is utilizing an external contractor to provide assistance in completing the backlogged cases, has adjusted its organizational structure to utilize BMCW staff more effectively, and has modified its recruitment and hiring processes for initial assessment specialist staff to avoid high levels of staff vacancies in the future.

Intensive In-Home Services. Intensive in-home services (formerly known as safety services) are available to families where threats to child safety have been identified, but the initial assessment unit has determined that the child can remain at home safely if appropriate services are provided to the family. Families receive intensive in-home services until parents can demonstrate sufficient protective behaviors and threats to child safety are significantly reduced or eliminated.

DCF contracts with private agencies for intensive in-home service delivery. These agencies are responsible for developing a network of providers that provide the services identified in each family's safety and change plan. The agencies assign each referral to an intensive in-home case manager, who is then responsible for coordinating the provision of services among the vendor's network of providers. The intensive in-home case manager is also responsible for conducting weekly assessments and reassessments of threats to child safety of the families using a specific safety evaluation tool. The two intensive in-home vendors are Children's Hospital of Wisconsin-

Community Service and SaintA. These vendors will continue to provide intensive in-home services in 2015.

Intensive in-home services may include: (a) supervision, observation, basic parenting assistance, social and emotional support, and basic home management; (b) child care; (c) routine and emergency drug and alcohol screening and treatment services; (d) family crisis counseling; (e) routine and emergency mental health services; (f) respite care; (g) housing assistance; and (h) transportation. Families receive services that are appropriate to their specific situations based on the safety plan and needs.

Between January and June of 2014, the intensive in-home services program received 59 referrals from the initial assessment unit, and, on average, seven new cases were opened each month. From January through June of 2014, 139 families received intensive in-home services. In 2013, 413 families received intensive in-home services. In 2013, the average cost for intensive in-home services purchased by a vendor was \$1,008 per family, not including any services billed to MA. This amount does not include the cost for in-house, agency-provided services. The average period during which the family received intensive in-home services in 2013 was 188 days.

Ongoing Services. DCF contracts with vendors to serve as lead agencies in a county-wide approach to providing ongoing services. The contract includes funds for case management, ongoing services, and administration. The ongoing case management vendors are Children's Hospital of Wisconsin-Community Services and SaintA. Ongoing case management is defined as family-centered assessment, case planning, service procurement, coordination and monitoring, court appearances, adoptions, and other necessary services for children in out-of-home care, children at home under court supervision, and their families. Successful ongoing case management ensures the identification and implementation of

services and evaluation of family outcomes that bring a child to a safe and supportive permanent home through timely reunification, adoption, or guardianship.

Each contracted agency is responsible for ongoing services until the case is closed. A case closes when the child is successfully reunified with the family, a transfer of guardianship is made and the CHIPS case is dismissed by the court, or when there has been a termination of parental rights and subsequent adoption is expected to occur. Contracted agencies are responsible for providing case management services, including the provision of ongoing services necessary to achieve the objectives of the permanency plan. In addition, contracted agencies are responsible for ensuring a child's safety while in out-of-home care, as well as assuming responsibility for providing 12 months of post-reunification services to all reunified families.

Case Management Services. Case management services are provided for ongoing cases of children in out-of-home care and their families. The contract agencies are required to provide enough case managers such that there is one staff member for every 15 children. In addition, the agencies must ensure that there is one supervisor for every six staff members. Ongoing case management services include the following:

- Continually re-assessing threats to child safety and when a child is found unsafe, determining the level of intervention required to control and manage those threats, including the need for an in-home safety plan, out-of-home safety plan, or a safety plan that combines in-home and out-of-home options;

- Conducting a family assessment and developing a case plan to reduce the threats to child safety and enhance the protective capacities of the parents and caregivers so that the family can assure child safety without CPS intervention;

- Assisting the family by engaging parents and caregivers in a process to reduce safety and risk concerns with the family, including, at a minimum, monthly face-to-face contact with all children in out-of-home care;

- Developing and implementing a plan to work toward reunification with the family or placement in another home environment; and

- Preparing all necessary documentation for safety assessment, permanency plan reviews, extensions of out-of-home care placement, court reports for transfer of guardianship, or termination of parental rights cases.

Ongoing Services. Ongoing services are provided to children and their families when a child is found to be unsafe and the threats to child safety cannot be fully managed by family members or informal supports. The primary role of ongoing services is to support families in achieving safety and permanence for their children, which includes: (a) evaluating the existing safety plan developed during the initial assessment; (b) managing and assuring child safety through continuous assessment, oversight, and adjustment of safety plans; (c) engaging families in a case planning process that will identify services and supports to address threats to child safety by enhancing parent and caregiver protective capacities; and (d) measuring progress related to enhancing parent and caregiver protective capacities and eliminating safety-related issues.

Ongoing services include: (a) parenting education, non-professional support and counseling, basic home management, and life skills education; (b) mental health, substance abuse, family, individual, group, and marital counseling; (c) substance abuse treatment; (d) child care; (e) respite care; (f) transportation; and (g) youth-related activities and mentoring programs.

Between January and June of 2014, an average of 1,394 families received ongoing services each month. In 2013, 2,287 families received on-

going services and, for the period beginning January 1 through June 30, 2014, 1,848 separate families had received these services.

Contract Provisions. Under the terms of the contract, DCF reimburses the lead agencies on a per-case rate based on the number of open cases at the end of the month. DCF may change the referral ratio of a contractor that fails to meet performance expectations.

Out-of-Home Care Placement Costs. Between January and June of 2014, an average of 2,256 children in Milwaukee County were in out-of-home care each month. Children removed from their homes can be placed in foster homes, group homes, RCCs, or with relatives. The out-of-home care budget for 2014-15 is approximately \$9.5 million for the wraparound program (Wraparound Milwaukee, which provides services for families and children with serious mental health needs), \$1.4 million for assessment centers, and \$38.1 million for foster care, group homes, and RCCs. In 2014-15, kinship care benefits in Milwaukee County are budgeted at approximately \$8.5 million and kinship care assessments are budgeted at \$0.9 million. Some of this funding, however, will cover payments for children who are eligible for kinship care but are not placed with the relative under a court order (referred to as non-court-ordered kinship care).

Placement Referral Unit. BMCW contracts with Professional Services Group, Inc. to provide out-of-home care placement referral services. These services include: (a) referring children and families to an appropriate child-placing agency (CPA) for out-of-home care placement or intensive in-home services; (b) identification and placement authorization for assessment center placement; (c) identification of appropriate placement resources in RCCs, group homes, and level three to five foster homes; (d) completing background checks on relatives being considered as a placement resource; (e) providing placement referral services 24 hours per day, seven days per

week, and 365 days per year; and (f) implementing family finding software searches to provide names and addresses of potential relatives.

Between January and June of 2014, there were an average of 613 active foster homes in Milwaukee County. During the same period, 151 homes were newly licensed and 117 foster homes were closed.

Adoption Placement Unit. BMCW contracts with SaintA and Children's Hospital of Wisconsin-Community Services to provide special needs adoption placement and case management services as part of the ongoing case management contract. Child cases continue to be maintained by the ongoing case manager through the adoption finalization process. Special needs adoption case management services include concurrent planning, recruitment of potential adoptive families, home studies and assessments of potential adoptive families, background checks, licensure of potential foster care providers with approval to adopt; provision and management of services for children available for adoption, identification and selection of appropriate adoptive homes for children waiting for adoption, and supervision and support to an adoptive family during the adoption finalization period. In addition, the agency submits a completed adoption assistance packet, for review and approval, for the payment of adoption assistance for eligible children. This contract is combined with the contract under the out-of-home care placement unit described above, and the employees for adoption placement are included in the totals above.

From January through June of 2014, there were 422 TPRs ordered, and 113 adoptions finalized in Milwaukee County. In 2013, there were 706 TPRs ordered and 242 adoptions finalized.

Contract Monitoring and Performance Measurement. Quality assurance is provided by nine program evaluation managers (PEMs), who are responsible for: (a) monitoring the implemen-

tation of management policies for all BMCW programs; (b) reviewing work of child welfare staff; (c) evaluating program performance and recommending remedial action when required; (d) monitoring child welfare services with local agencies and courts; (e) monitoring compliance with state and federal laws and policies; (f) evaluating program effectiveness; (g) recommending improvements, as necessary; (h) planning and monitoring consultation services; and (i) maintaining and reporting program data. PEMs work as a team with BMCW management to address issues and develop work products.

DCF's Bureau of Performance Management, Performance Review and Evaluation Section assists in the responsibilities of the PEMs.

Funding for BMCW. Table 13 identifies funding budgeted for DCF to administer child welfare services in Milwaukee County in 2014-15. Federal revenues (FED) in the amount of \$24.6 million include funding received under Title IV-E (\$16.8 million), except for in-home services and TANF prevention service contracts, which are funded with federal TANF block grant funds (\$7.8 million). State revenues consist of general purpose revenue (GPR) in the amount of \$74.2 million and third-party program revenue (PR) received for children in out-of-home care (\$21.0 million). In 2014-15, DCF is also allocated approximately \$3.5 million PR from third-party collections, which is revenue received for the support of children in out-of-home care, such as child support and SSI payments.

Aids funding supports placement costs, service costs, and vendor contracts for case management and ongoing services, adoption and out-of-home care placement services, TPR-related services, independent investigations, prevention services, and other child welfare services. Operations funding supports the costs of state staff, BMCW's portion of eWiSACWIS, rent, training, supplies and services, and other expenditures.

Table 13: Milwaukee Child Welfare Funding Summary, 2014-15

	State*	FED	Total
Placement Costs			
Foster Care	\$17,357,900	\$5,683,800	\$23,041,700
RCCs	6,996,600	161,600	7,158,200
Group Homes	6,673,700	1,464,400	8,138,100
Assessment Centers	<u>1,117,300</u>	<u>285,800</u>	<u>1,403,100</u>
Subtotal	\$32,145,500	\$7,595,600	\$39,741,100
2013 Act 334 OHC Extension	\$262,100	\$86,100	\$348,200
Service Costs			
Wraparound Services	\$8,913,700	\$608,400	\$9,522,100
In-Home Services	<u>0</u>	<u>6,350,300</u>	<u>6,350,300</u>
Subtotal	\$8,913,700	\$6,958,700	\$15,872,400
Vendor Costs			
Case Management Contract	\$34,142,800	\$3,664,200	\$37,807,000
Out-of-Home Placement Contracts	1,986,700	213,300	2,200,000
UW-Milwaukee Training	1,340,500	1,153,400	2,493,900
FISS Unit (intake)	206,000	0	206,000
Independent Investigations	249,700	0	249,700
TANF Prevention Contracts	0	1,489,600	1,489,600
Milwaukee DA Supplement	337,500	897,800	1,235,300
Milwaukee County Clerk of Courts	650,000	0	650,000
Trust Fund Accounts (Maximus)	558,100	0	558,100
Domestic Violence Services	365,000	0	365,000
Foster Parent Crisis			
Intervention	692,000	0	692,000
Other	<u>416,900</u>	<u>34,800</u>	<u>451,700</u>
Subtotal	\$40,945,200	\$7,453,100	\$48,398,300
Total Aids Funding	\$82,266,500	\$22,093,500	\$104,360,000
Total Operations Funding	\$16,367,500	\$2,558,300	\$18,925,800
Grand Total	\$98,634,000	\$24,651,800	\$123,285,800

*Includes GPR funding, third-party collections, and match revenues

Milwaukee County Contribution. To offset the costs of the state providing child welfare services in Milwaukee County, state statutes reduce various local assistance payments to Milwaukee County in the amount of \$58.9 million.

eWiSACWIS

States are required to collect reliable and consistent information on children served by child welfare systems. The electronic Wisconsin Statewide Automated Child Welfare Information System (eWiSACWIS) is the state automated child welfare system that assists case workers and

administrators in managing child welfare services. The system maintains information on intake, assessment, eligibility determination, case management, court processing, financial reporting, and administration.

Ongoing operations costs are supported with federal, state, and county funds. DHHS reimburses states for the ongoing data collection activities, regardless of whether the systems are used for children in out-of-home care and adopted children who are not eligible for Title IV-E. The reimbursement for ongoing operating costs is determined based on cost allocation procedures.

In 2014-15, \$8.0 million is budgeted for ongoing eWiSACWIS costs. Of this total funding, 27% is from federal Title IV-E funds, 12% is supported with TANF funds, 5% is supported with payments from counties, and the remaining funding (56%) is state funds.

Federal Reviews

DHHS reviews each state's Title IV-E claiming practices and child welfare system. States are required to pass both reviews, and there are financial penalties if a state does not pass a review.

Title IV-E Review. In March of 2002, DHHS conducted a state Title IV-E program review in Wisconsin to determine if the state was properly claiming federal funding. The review found that Wisconsin had an unacceptably high error rate, and the state was required to implement a program improvement plan to correct the problems identified in the review. Three subsequent reviews were conducted in 2005, 2008, and 2011, all of which found Wisconsin to be in substantial compliance.

Child and Family Services Review. DHHS conducts a federal child and family services re-

view (CFSR) in all 50 states to examine conformance with federal requirements under Titles IV-B and IV-E of the federal Social Security Act. If a state is found to be in nonconformance, DHHS can assess financial penalties against the funds received by the state under Titles IV-B and IV-E. Penalties are withheld pending successful completion of a program improvement plan, including achievement of federally-approved performance improvement targets. Following the end of the program improvement period, DHHS conducts a close-out process to determine if the state has met its obligations. The close-out period can take up to one year.

Penalties may be assessed against a pool of federal funds that includes a state's Title IV-B award and 10% of a state's Title IV-E claims for administrative costs in the years subject to penalties. For each item for which a state is found to be in noncompliance, a 1% penalty could be assessed against the pool of federal funds and continue until the state comes into conformance. The penalty increases to 2% and then 3% per item if nonconformance continues following subsequent federal reviews.

In 2003, all 50 states were found to be in nonconformance with some portion of the federal requirements. The CFSR in Wisconsin consisted of: (a) an on-site review of 50 cases in three counties, which were intended to represent performance across the state; (b) focus groups with key stakeholders; (c) analysis of program outcome data; and (d) a state self-assessment. Overall, DHHS determined that Wisconsin was not in substantial conformance with many of the outcome areas and systemic factors. The state received its CFSR findings from DHHS in January of 2004, and was given 90 days to produce a statewide program enhancement plan in response.

The state was required to implement the action steps in the enhancement plan over a two-year period and show progress toward meeting

the improvement goals during the period. After some modifications, DHHS approved Wisconsin's enhancement plan on November 1, 2004. Wisconsin's enhancement plan was found to be successful.

DHHS conducted a second CFSR in April, 2010, which included 65 cases in Milwaukee, La Crosse, Columbia, and Sauk Counties to assess the extent of the system improvements, as agreed upon in the enhancement plan. The process was similar to the first CFSR. Overall, DHHS determined that Wisconsin was not in substantial conformance with all seven outcome factors and with three of the seven systemic factors. The state received its CFSR findings from DHHS in June of 2010, and was given 90 days to produce a statewide program improvement plan (PIP). In December of 2010, the PIP was approved by the Administration for Children and Families.

DCF successfully completed all of the action steps required within the PIP, but did not pass three of the nine performance items. DCF is currently working with DHHS to achieve outstanding data measurement goals and is working to identify data inaccuracies to reduce or eliminate potential penalties related to the outstanding three performance items.

A third CFSR is expected to be conducted in Wisconsin in 2018.

Child Abuse and Neglect Prevention Programs

Most state-funded activities to prevent child abuse and neglect in Wisconsin are administered through the Child Abuse and Neglect Prevention (CANP) Board. In addition, DCF administers a comprehensive home visiting program and other programs that provide services to families in Milwaukee County. This section describes these programs.

Child Abuse and Neglect Prevention Board. The CANP Board supports services to prevent child abuse and neglect through partnerships and investments. The Board administers the Children's Trust Fund (CTF) and is required to solicit and accept contributions, grants, gifts, and bequests for CTF. These funds are available for expenditure by the Board.

The Board consists of 20 members, including 10 members from state government (the Governor, the Attorney General, the DHS Secretary, the State Superintendent of Public Instruction, the Department of Corrections Secretary, the DCF Secretary, and one member of the majority and minority party from each House of the Legislature, or their designees) and 10 public members, who are appointed on the basis of expertise, experience, leadership, or advocacy in the prevention of child abuse and neglect. The Governor appoints the 10 public members for staggered, three-year terms.

The Board is required biennially to develop a plan for awarding grants and providing technical assistance to child abuse and neglect prevention programs and to submit this plan to the Governor and both Houses of the Legislature. These programs must be distributed throughout all geographic areas of the state and in both urban and rural communities.

In addition, the Board works with state agencies to recommend changes in state laws and programs to reduce the problems of child abuse and neglect; improve coordination among relevant state agencies; promote public awareness of child abuse and neglect; encourage professionals to recognize and deal with problems of child abuse and neglect; disseminate information about abuse and neglect to the public and organizations concerned with those problems; and encourage the development of community programs.

Funding for CANP Board. In 2014-15 the Board is budgeted \$3,011,000 (\$997,900 GPR,

\$636,300 FED, \$1,361,800 PR, and \$15,000 SEG from CTF) annually to support grant programs and the Board's operations costs. The federal funding is available under Title II of the Child Abuse Prevention and Treatment Act (CAPTA), which supports networks of community-based, prevention-focused family resource and support programs. The program revenue funding is available from the sale of duplicate birth certificates (under state law, the Board receives \$7 of the \$20 fee for a duplicate birth certificate) and from fees charged by the Child Abuse and Neglect Prevention Board for providing state mailings, special computer services, training programs, printed materials, and publications relating to child abuse and neglect prevention services.

In 2013-14, the Board expended \$644,200 (\$245,100 GPR, \$113,000 PR, and \$286,100 FED) to support its operations costs. This includes providing technical assistance to programs throughout the state, increasing public awareness of child abuse and neglect prevention, and supporting six full-time staff. Staff includes an executive director, an associate director, a senior program officer, a strategy and fund development coordinator, a program coordinator, and a financial specialist. The Board contracts for additional services as needed.

Public Education and Awareness. In 2013-14, CTF provided \$94,500 to support Awareness to Action, a child sexual abuse prevention campaign, which provides group-based education to parents and other adults using a curriculum called "Stewards of Children." The campaign provides training and technical support to youth serving agencies to ensure the agencies' facility and procedures keep the children in their care safe. The Children's Hospital of Wisconsin –Community Services provided an additional \$84,500 in matching funds for this campaign. In 2014-15, CTF provided \$90,000 and the Children's Hospital of Wisconsin – Community Services provided an additional \$80,000 in matching funds for the campaign.

The Board also: (a) provides materials and training to hospitals, child care providers, and schools on shaken baby syndrome prevention; (b) provides technical assistance and training for family support workers; (c) disseminates professional development portfolios that allow family support professionals to keep track of their training and continuing education to achieve core competencies in the field of family support; (d) offers materials that provide advice for parents on a variety of subjects, such as discipline and prevention of sexual abuse; and (e) maintains the CTF website.

Grant Programs. The Board may award grants to an organization that agrees to match at least 25% of the amount received through money or in-kind services. The Board's three grant programs are: (a) family resource center grants; (b) community-based family resource and support program grants; and (c) statewide projects. Each of these grant programs is described in greater detail below.

Family Resource Center Grants. In December of 2010, CTF issued a competitive RFP (request for proposals) to fund up to nine family resource center networks at \$150,000 each annually for five years through June 30, 2016. The RFP requested proposals to develop, coordinate, and implement family resource center networks to support and strengthen families across the state. The grantees are required to: (a) provide a community response program; (b) coordinate access to economic supports; (c) implement evidence-based home visiting; (d) hold family team meetings; and (e) provide cross systems integration. The family resource center grantees are listed in Table 14.

In 2013-14, CTF awarded a total of \$1,350,000 (\$492,000 GPR, \$312,000 FED, and \$546,000 PR) to the nine family resource centers listed in Table 14. The Board is budgeted the same amount for the grants in 2014-15. Pursuant

Table 14: Family Resource Center Networks

Agency	Counties Served
Children's Hospital of Wisconsin -- Community Services	Rock/Langlade/Oneida/Vilas
Children's Hospital of Wisconsin -- Community Services	Langlade/Oneida/Vilas
The Parenting Place	La Crosse
Green Lake County Department of Health and Human Services	Green Lake/Adams/Marquette/Waushara
Kenosha County Department of Human Services	Kenosha
Lakeshore Community Action Program	Manitowoc
Northwest Connection Family Resources	Sawyer/Washburn
United Way of Racine County	Racine
University of Wisconsin-Milwaukee	Milwaukee

to 2013 Act 20, grantees are required to provide a 25% match to their annual grant, which may be in cash, in-kind services, or both.

In 2013-14, the nine family resource centers served 2,273 adults and 4,141 children. The resource centers also provided community response services to 482 adults and 1,132 children. Based on the total number of adults these centers served, the average expenditure was \$490 per adult. These family resource centers also provided \$906,593 in matching funds.

Family resource centers submit quarterly and annual reports to the Board summarizing services provided, participant demographics, and participant outcome evaluation data. Families are asked to provide demographic information when they first contact the family resource center and again each state fiscal year that they continue to participate. Families are also asked to complete a survey about changes in their parenting knowledge, skills, and attitudes after they have participated in a parenting course or playgroup.

Community-Based Family Resource and Support Program Grants. The Board distributes grants to support community-based family resource and support programs aimed at preventing child abuse and neglect, namely community re-

sponse programs and access and visitation programs.

The Board awards these grants under a statewide, competitive process. Typically, the Board awards grants for a three-year period, with annual renewals, contingent upon satisfactory performance. The grant funds cannot be used to supplant existing funds and grantees are required to provide a 25% match annually during the first year of the grant and 50% during the second and subsequent grant years (if applicable). The match can be made through cash, in-kind services, or both, and must be used only to enhance the services provided with the grant from the Board.

CTF funds six organizations in the annual amount of \$28,000 per year, which are listed in Table 15. The grants support programs that establish, expand, or enhance support of and facilitate non-custodial parents' access to and visitation with their children. Grantees may use these funds to support voluntary and mandatory mediation, counseling, education, the development of parenting plans, and visitation enforcement, including monitoring, supervision, and neutral drop-off and pickup.

Table 15: FFY 2012-15 Access and Visitation Grantees

Agency	Location
Family Services of Northeast WI	Oshkosh
The Parenting Place	La Crosse/Monroe
Women's Resource Center	Racine
Children's Hospital of WI-Community Service	Milwaukee
Children's Hospital of WI-Community Service	Wausau
Family Support Center	Chippewa Falls

In addition, CTF awarded a five-year implementation grant to the Social Development Commission starting July 1, 2011, for \$300,000 per year to implement Project GAIN. The Milwaukee Community Response Program (MCRP)/Project GAIN is an economic interven-

tion focused community response program that works on a voluntary basis with families whose cases have been closed after an initial assessment. MCRP ensures that families are receiving all eligible public benefits, financial literacy, and emergency funds for basic needs. Families are also referred to other community resources for additional services as appropriate. During 2013-14, 186 families received services with Project GAIN. Of those who received services, 44.6% achieved the financial goals they set out during the short intervention.

Project GAIN is being implemented in collaboration with DCF and the UW-Madison School of Social Work and Institute for Research on Poverty. Preliminary evaluation findings show that participant families with a history of CPS involvement are over a one-year period: less likely (15.8% vs. 25.8%) to have subsequent investigated CPS reports; less likely (2.3% vs. 4.2%) to have a subsequent substantiated CPS report; and less likely (3.6% vs. 4.1%) to have subsequent placement of one or more children.

Special Projects Grants. The Board issued a statewide competitive RFP in November, 2012, for projects proposing to fill an identified need or gaps in local communities. These special projects serve as pilot programs to support parents and children, develop resources for broader distribution, and highlight the scope of service needs that can positively impact families. The special project grants can be used for the purposes of program planning, start-up or existing prevention services, including direct services, training, capacity building, systems collaboration, policy development and/or research and evaluation.

The first six special project grants of \$10,000 were approved in February, 2013, to the following organizations: St. Aemilian-Lakeside, Penfield Children's Center, Lutheran Social Services of WI and Upper MI, Inc., the Medical College of Wisconsin, Inc., SET Ministry, Inc., and the Family & Children's Center - La Crosse. Three

special project grants of \$10,000 were also awarded in 2014-15 to the medical College of Wisconsin, Northwest Connection Family Resources, and the Parenting Place.

CANP's Innovation Fund improves child maltreatment prevention by funding community-based prevention programs that collaborate with traditional and nontraditional stakeholders. CANP's Innovation Fund will provide a \$105,400 grant for SFY 2014-15 to the Dane County Department of Human Services for the evaluation of the Early Childhood Initiative. The Early Childhood Initiative is a voluntary home visiting program for pregnant women and families with children under the age of three who live in certain areas of Dane County. The program provides information about infant health and development and the available resources for housing, food, and child care.

Celebrate Children Foundation. The Celebrate Children Foundation is a non-stock, non-profit corporation that assists fundraising efforts for child abuse and neglect prevention. The foundation supports statewide efforts and directs investments to early childhood and family development programs. The foundation is directed by a nine-member board, including: the chair and four members of the CANP Board, and four additional members recommended by the foundation board and approved by the CANP Board.

The Celebrate Children Foundation is funded in part by private donations and through special "Celebrate Children" license plates issued by the Department of Transportation. For each plate the Department issues, a \$25 annual fee (a tax-deductible donation) is deposited in the Celebrate Children Foundation endowment fund. The foundation cannot spend the revenue from the sale of these license plates. The foundation may only expend the interest that accrues to the endowment fund. In 2013-14, \$100,355 was deposited into the endowment fund from issuing "Celebrate Children" license plates.

Family Foundations Comprehensive Home Visiting Program. The Wisconsin Family Foundations Home Visiting (FFHV) program identifies at-risk communities through a comprehensive needs assessment and provides voluntary home-visiting services to those communities to prevent child abuse or neglect before it occurs. Home visitors, such as nurses, social workers, and teachers, generally meet weekly with program participants. Activities focus on: access to prenatal care; screenings and assessments; health education; connecting to community resources; and offering strategies for parents to support their child's development.

FFHV grants are provided to county agencies, non-profit agencies, and tribal organizations. Many programs are collaborations involving multiple agencies, with a primary contractor and one or more subcontractors. FFHV currently consists of 13 evidence-based home visiting programs that operate in 13 counties and four tribal communities. Attachment 6 lists the programs currently operating and their funding amounts.

These programs seek to reduce child maltreatment, improve school readiness and achievement, and improve maternal and child health. Programs must also focus on improvements in family stability, economic self-sufficiency, parenting skills related to child development, and the coordination of and referrals to other community resources, services, and supports. Finally, the programs must reduce family violence and hospital emergency department visits.

DCF is budgeted \$985,700 GPR in 2014-15 to distribute as competitive grants for the prevention of child abuse and neglect, under s. 48.983 of the statutes. DCF funds the FFHV program with these funds in combination with TANF funds, and federal grants provided by the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program under Title V of the Social Security Act. DCF must allocate 10% of the GPR

funds to counties, private agencies, or tribes that have not previously received a family foundation grant. Table 16 lists the FFHV funding sources for SFY 2014-15. Funds may be used for case management and for flexible funds to families in order to achieve the outcomes and goals of the comprehensive home visiting program.

Table 16: SFY 2014-15 FFHV Funding Sources

MIECHV competitive grant	\$6,371,200
MIECHV formula grant	1,206,500
General Purpose Revenue	985,700
TANF	<u>812,100</u>
Total	\$9,375,500

Funds awarded under MIECHV support needs assessments, home visitor training and professional development, implementation and operation of local home visiting programs, program evaluation, and administration, creation and maintenance of data collection and review systems. MIECHV grants are awarded to states on a "formula" basis of a base \$1 million allocation for each state plus an additional amount based upon the population of pregnant women and children younger than age five living at or below 100% of the federal poverty level. Additional development and expansion grants are available on a competitive basis to expand and/or enhance home visiting programs. Table 17 lists the MIECHV grants awarded to Wisconsin.

Table 17: MIECHV Grants to Wisconsin

	Development	Expansion	Formula
2010	\$0	\$0	\$1,212,698
2011	3,124,700	0	1,600,310
2012	3,124,700	0	1,600,310
2013	0	6,727,566	1,628,586
2014	0	6,681,600	1,536,448

Seventy-five percent of MIECHV funding must be used for evidence-based home visiting programs and up to twenty-five percent may be used for implementation and evaluation of promising practices. MIECHV grantees are required to

demonstrate measurable improvement among eligible families participating in the program in at least four of the six following benchmark areas: (a) maternal and newborn health; (b) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; (c) school readiness and achievement; (d) crime or domestic violence; (e) family economic self-sufficiency; and (f) coordination and referrals for other community resources and supports.

There are no cost sharing/matching requirements for the MIECHV competitive grant program. However, states must maintain non-federal funding levels with respect to formula funding (Wisconsin's maintenance-of-effort amount is \$1,258,200) and grants are subject to the condition that the state assigns service priority to families residing in at-risk communities as identified by a statewide needs assessment. The 2010 needs assessment identified 18 at-risk Wisconsin communities in the following counties: Adams, Ashland, Brown, Burnett, Douglas, Forest, Green, Kenosha, Lincoln, Manitowoc, Menominee, Milwaukee, Oneida, Racine, Rock, Rusk, Sawyer, and Winnebago.

Milwaukee County Prevention Services. As indicated above, DCF provides \$812,000 in TANF funds to the City of Milwaukee Health Department for home visiting services, known as the Empowering Families Milwaukee program. DCF also provides \$577,500 in TANF funds to the Milwaukee Brighter Futures Initiative and \$100,000 to BMCW for supervised parental visitation with children who have been removed from their home. These services funded with TANF are known as prevention services in the TANF budget.

Brighter Futures Initiative. The Brighter Futures Initiative is a statewide program that seeks to prevent and reduce youth violence and other delinquent behavior, youth alcohol and other drug use and abuse, child abuse and neglect,

and non-marital pregnancy.

By statute, the Brighter Futures Initiative distributes more than \$2 million in grants each fiscal year to nonprofit organizations and public agencies in Milwaukee County and distributes more than \$1.1 million each fiscal year to county departments in the rest of the state. The grants are awarded on a competitive basis for a three-year period.

Overall, the Brighter Futures Initiative is funded with \$1,729,900 GPR and \$2,928,900 FED. The federal funds consist of \$1,707,100 from the substance abuse block grant, \$577,500 in TANF funds, and \$644,300 in Title V abstinence education grant funds. Table 18 shows grant recipients of these funds in 2014.

Table 18: Brighter Futures Initiative Grant Recipients Calendar Year 2014

Grant Recipient	Grant Amount
La Causa Crisis Nursery (Milwaukee)	\$189,700
Menominee Tribe	132,000
County Allocations	
Douglas County	69,700
Forest County	48,600
Iron County	56,100
Kenosha County	200,100
Racine County	283,300
Rock County	220,600
Walworth County	104,800
Winnebago County	197,000
Diverse and Resilient, Inc. (Madison)	55,000
Community Advocates, Inc. (Milwaukee)*	<u>3,165,500</u>
Total	\$4,722,400

*Community Advocates, Inc. is the fiscal agent for the funds distributed to community-based agencies in the Milwaukee area.

DCF has issued a competitive Request for Proposals to carry out the Brighter Futures Initiative program in areas of the state other than Milwaukee County beginning with the January 1, 2015, contracts. DCF intends to award up to ten contracts totaling approximately \$1.3 million annually to counties, tribes, county/tribal consortia, non-profit organizations, or public agencies. The target population for the Brighter Futures Initia-

tive program will be youth between the ages of 12 and 21, in or at risk of entering the child welfare system.

SAFE Milwaukee Initiative. SAFE Milwaukee is a short-term, behaviorally oriented family therapy program targeted to youth ages 10 to 18 with severe behavior problems, chronic delinquency, and at risk for delinquency. Academic studies indicate that such therapy reduces recidivism and drop-out rates, and is more cost effective when compared to other juvenile offender programs.

The United Neighborhood Centers of Milwaukee (UNCOM) centers are located in the neighborhoods with the youth at highest risk of delinquencies. Referrals are made to UNCOM centers through the Milwaukee Police Department, the court system, child welfare agencies, and neighborhood centers.

Funding of \$637,500 was provided in calendar year 2014 and \$850,000 is allocated in calendar year 2015 for the program. DCF indicates that this level of funding will support 80 to 100 families annually.

Summary

In Wisconsin, counties, tribes, and the state administer a wide range of programs that are in-

tended to keep children safe, prevent child abuse and neglect, support families, and serve children who are in need of protection and services. Child welfare services are provided by state, local, tribal, or contracted employees. Federal law, state law, and the courts all have a significant impact on the child welfare system.

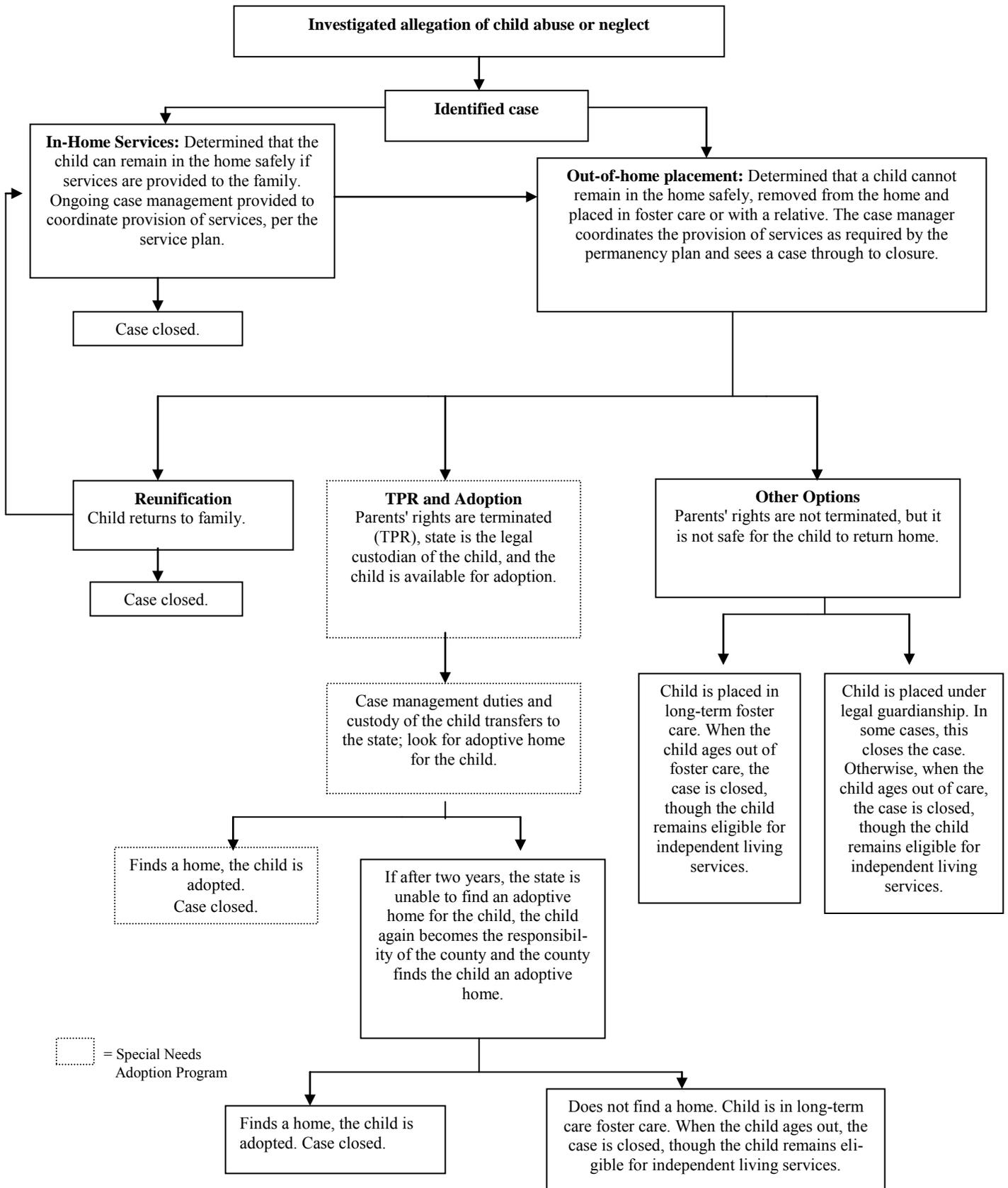
Funding for child welfare services is provided from a combination of state, federal, tribal, and local funds through numerous state and federal programs, many of which are targeted to provide specific services to targeted populations. This funding mix reflects the shared responsibility of federal, state, tribal, and local governments to keep children safe and protect them from harm.

Attachment 1 to this paper presents an overview of the child welfare system in Wisconsin. Attachment 2 lists the 2014 and 2015 allocation amounts to counties and tribes under the independent living program, and Attachment 3 shows the number of individuals receiving independent living services by counties in 2013. Attachment 4 lists the 2015 county allocations of Title IV-B, Subpart 2 funding. Attachment 5 provides information on the case decision making process in the Bureau of Milwaukee Child Welfare. Attachment 6 shows the agencies receiving funding under the family foundations home visiting program.

The Appendix describes the history of federal child welfare law.

ATTACHMENT 1

Overview of the Child Welfare System in Wisconsin



ATTACHMENT 2

Independent Living and Education and Training Vouchers Allocations 2014 and 2015

	2014				2015			
	<u>Independent Living</u>		<u>Ed/Training Vouchers</u>		<u>Independent Living</u>		<u>Ed/Training Vouchers</u>	
	Allocation	Match	Allocation	Match	Allocation	Match	Allocation	Match
Adams	\$16,636	\$4,159	\$1,230	\$308	\$16,935	\$4,234	\$1,325	\$331
Ashland	14,587	3,647	783	196	11,000	2,750	598	150
Barron	21,589	5,397	2,311	578	19,807	4,952	1,966	492
Bayfield	15,441	3,860	969	242	14,829	3,707	855	214
Brown	33,032	8,258	4,808	1,202	37,422	9,355	5,899	1,475
Buffalo	11,000	2,750	485	121	11,000	2,750	470	118
Burnett	11,000	2,750	485	121	11,000	2,750	342	85
Calumet	11,000	2,750	634	158	11,000	2,750	598	150
Chippewa	16,807	4,202	1,267	317	15,787	3,947	1,069	267
Clark	14,074	3,519	671	168	15,021	3,755	898	224
Columbia	17,661	4,415	1,454	363	16,744	4,186	1,282	321
Crawford	11,000	2,750	559	140	11,000	2,750	556	139
Dane	80,001	20,000	15,059	3,765	90,648	22,662	17,784	4,446
Dodge	24,834	6,209	3,019	755	23,828	5,957	2,864	716
Door	11,000	2,750	634	158	11,000	2,750	427	107
Douglas	11,000	2,750	634	158	15,978	3,994	1,111	278
Dunn	16,978	4,244	1,305	326	16,935	4,234	1,325	331
Eau Claire	33,716	8,429	4,958	1,239	34,550	8,637	5,258	1,315
Florence	11,000	2,750	410	103	11,000	2,750	385	96
Fond du Lac	33,374	8,344	4,883	1,221	31,678	7,919	4,617	1,154
Forest	11,000	2,750	149	37	11,000	2,750	128	32
Grant	16,978	4,244	1,305	326	17,510	4,377	1,453	363
Green	15,099	3,775	895	224	15,595	3,899	1,026	256
Green Lake	15,782	3,946	1,044	261	11,000	2,750	727	182
Iowa	11,000	2,750	261	65	11,000	2,750	256	64
Iron	11,000	2,750	373	93	11,000	2,750	470	118
Jackson	17,832	4,458	1,491	373	18,850	4,712	1,753	438
Jefferson	21,077	5,269	2,199	550	22,871	5,718	2,650	663
Juneau	11,000	2,750	298	75	11,000	2,750	299	75
Kenosha	58,481	14,620	10,362	2,591	55,993	13,998	10,046	2,512
Kewaunee	15,099	3,775	895	224	15,404	3,851	983	246
LaCrosse	29,446	7,361	4,026	1,006	30,529	7,632	4,360	1,090
Lafayette	11,000	2,750	373	93	11,000	2,750	299	75
Langlade	15,441	3,860	969	242	15,021	3,755	898	224
Lincoln	11,000	2,750	186	47	11,000	2,750	342	85
Manitowoc	22,272	5,568	2,460	615	23,636	5,909	2,821	705
Marathon	41,401	10,350	6,635	1,659	36,656	9,164	5,728	1,432
Marinette	15,611	3,903	1,006	252	15,021	3,755	898	224
Marquette	11,000	2,750	634	158	15,021	3,755	898	224
Menominee	11,000	2,750	671	168	14,829	3,707	855	214

ATTACHMENT 2 (continued)

**Independent Living and Education and Training Vouchers Allocations
2014 and 2015**

	2014				2015			
	<u>Independent Living</u>		<u>Ed/Training Vouchers</u>		<u>Independent Living</u>		<u>Ed/Training Vouchers</u>	
	Allocation	Match	Allocation	Match	Allocation	Match	Allocation	Match
Monroe	\$18,344	\$4,586	\$1,603	\$401	\$17,701	\$4,425	\$1,496	\$374
Oconto	17,661	4,415	1,454	363	15,404	3,851	983	246
Oneida	16,978	4,244	1,305	326	17,127	4,282	1,368	342
Outagamie	26,030	6,507	3,280	820	26,700	6,675	3,505	876
Ozaukee	19,369	4,842	1,826	457	18,850	4,712	1,753	438
Pepin	11,000	2,750	149	37	11,000	2,750	85	21
Pierce	14,245	3,561	708	177	11,000	2,750	470	118
Polk	19,198	4,800	1,789	447	20,382	5,095	2,095	524
Portage	23,126	5,782	2,647	662	27,466	6,866	3,676	919
Price	17,832	4,458	1,491	373	16,552	4,138	1,240	310
Racine	43,963	10,991	7,194	1,799	42,974	10,743	7,139	1,785
Richland	14,757	3,689	820	205	11,000	2,750	769	192
Rock	33,545	8,386	4,920	1,230	34,167	8,542	5,173	1,293
Rusk	11,000	2,750	559	140	11,000	2,750	641	160
St. Croix	16,295	4,074	1,156	289	17,127	4,282	1,368	342
Sauk	19,198	4,800	1,789	447	16,361	4,090	1,197	299
Sawyer	16,807	4,202	1,267	317	17,127	4,282	1,368	342
Shawano	11,000	2,750	410	103	11,000	2,750	342	85
Sheboygan	26,713	6,678	3,429	857	24,211	6,053	2,950	737
Taylor	14,245	3,561	708	177	16,169	4,042	1,154	289
Trempealeau	11,000	2,750	596	149	11,000	2,750	727	182
Vernon	11,000	2,750	335	84	11,000	2,750	342	85
Vilas	11,000	2,750	634	158	11,000	2,750	427	107
Walworth	21,418	5,355	2,274	568	20,382	5,095	2,095	524
Washburn	11,000	2,750	596	149	11,000	2,750	727	182
Washington	24,151	6,038	2,870	718	24,402	6,101	2,992	748
Waukesha	40,206	10,051	6,374	1,594	42,017	10,504	6,925	1,731
Waupaca	19,711	4,928	1,901	475	19,041	4,760	1,795	449
Waushara	14,757	3,689	820	205	15,787	3,947	1,069	267
Winnebago	36,790	9,197	5,629	1,407	40,676	10,169	6,626	1,657
Wood	32,691	8,173	4,734	1,183	33,975	8,494	5,130	1,282
Ho Chunk	24,322	6,081	2,907	727	25,934	6,483	3,334	833
Lac Courte Oreilles	11,000	2,750	373	93	11,000	2,750	427	107
Lac du Flambeau	11,000	2,750	75	19	11,000	2,750	85	21
BMCW	365,398	91,350	77,345	19,336	352,375	88,094	76,222	19,055
DOC	<u>26,157</u>	<u>6,539</u>	<u>0</u>	<u>0</u>	<u>25,544</u>	<u>6,386</u>	<u>0</u>	<u>0</u>
TOTAL	\$1,851,156	\$462,789	\$228,757	\$57,190	\$1,850,549	\$462,632	\$234,214	\$58,553

ATTACHMENT 3

2013 Independent Living (IL) Summary

County/ Tribe	Number of Youth Eligible in 2013	IL Assessments Completed	IL Service Plans Completed	Transition Plan Completed	Total Number of Youth Receiving Services	2013 Room & Board Funds Expended
Adams	19	17	16	9	11	\$1,640
Ashland	9	6	6	3	5	325
Barron	34	33	32	15	15	1,858
Bayfield	14	10	10	5	6	0
Brown	88	73	69	38	49	2,441
Buffalo	6	6	6	4	5	650
Burnett	5	5	4	1	2	0
Calumet	7	7	7	5	6	0
Chippewa	19	16	16	11	7	0
Clark	13	12	12	7	8	2,026
Columbia	19	13	12	10	10	950
Crawford	8	8	8	7	5	1,960
Dane	275	201	199	87	134	5,756
Dodge	44	42	43	22	22	600
Door	5	5	5	2	5	0
Douglas	15	14	14	3	9	0
Dunn	21	19	17	9	11	0
Eau Claire	93	67	58	34	28	0
Florence	6	6	6	1	4	0
Fond du Lac	57	51	53	21	42	2,925
Forest	2	1	0	0	0	750
Grant	24	19	18	12	10	0
Green	20	19	13	6	3	661
Green Lake	12	9	8	5	5	0
Iowa	4	4	4	3	2	0
Iron	7	5	4	4	4	0
Jackson	24	23	21	12	16	0
Jefferson	40	38	38	26	24	250
Juneau	4	2	2	0	2	0
Kenosha	161	133	135	52	77	0
Kewaunee	18	6	7	1	7	4,250
La Crosse	72	60	53	30	32	0
Lafayette	5	4	3	2	2	2,670
Langlade	13	8	7	2	8	0
Lincoln	5	4	4	2	2	0
Manitowoc	35	30	29	17	27	0
Marathon	92	83	82	48	43	2,354
Marquette	16	14	14	7	4	77
Marquette	12	12	12	9	9	0
Menominee	16	16	16	2	4	0

ATTACHMENT 3 (continued)

2013 Independent Living (IL) Summary

County/ Tribe	Number of Youth Eligible in 2013	IL Assessments Completed	IL Service Plans Completed	Transition Plan Completed	Total Number of Youth Receiving Services	2013 Room & Board Funds Expended
Milwaukee	1,091	990	971	439	659	\$39,866
Monroe	23	17	17	7	10	2,175
Oconto	19	16	16	7	3	600
Oneida	25	21	20	7	8	480
Outagamie	51	43	41	28	29	4,823
Ozaukee	26	24	25	10	15	750
Pepin	1	1	1	1	1	0
Pierce	7	7	7	2	2	0
Polk	29	27	27	12	21	0
Portage	53	49	48	31	33	725
Price	17	16	16	8	13	0
Racine	111	91	86	65	54	0
Richland	12	11	10	6	6	0
Rock	81	70	72	44	40	0
Rusk	9	9	9	6	4	0
Saint Croix	21	21	21	6	12	0
Sauk	21	14	13	6	7	200
Sawyer	24	14	12	8	6	0
Shawano	4	4	3	1	4	0
Sheboygan	46	39	37	18	21	0
State	18	0	0	0	0	0
Taylor	16	13	13	7	12	0
Trempealeau	10	9	9	0	7	0
Vernon	5	5	5	2	3	0
Vilas	10	9	9	3	0	0
Walworth	28	27	26	16	21	3,555
Washburn	8	7	7	1	7	0
Washington	46	41	41	12	24	5,755
Waukesha	83	76	79	42	74	5,352
Waupaca	26	24	24	8	13	1,780
Waushara	17	16	16	5	8	0
Winnebago	87	82	78	37	70	2,250
Wood	78	74	0	0	42	2,069
Subtotal	3,442	2,968	2,822	1,379	1,894	\$10,253
DOC	25	*	*	*	25	610
Ho Chunk	26	*	*	*	26	*
Lac du Flambeau	1	*	*	*	1	*
La Courte Oreilles	8	*	*	*	8	*
Total	3,502	2,968	2,822	1,379	1,954	\$103,133

* Information not available for 2013

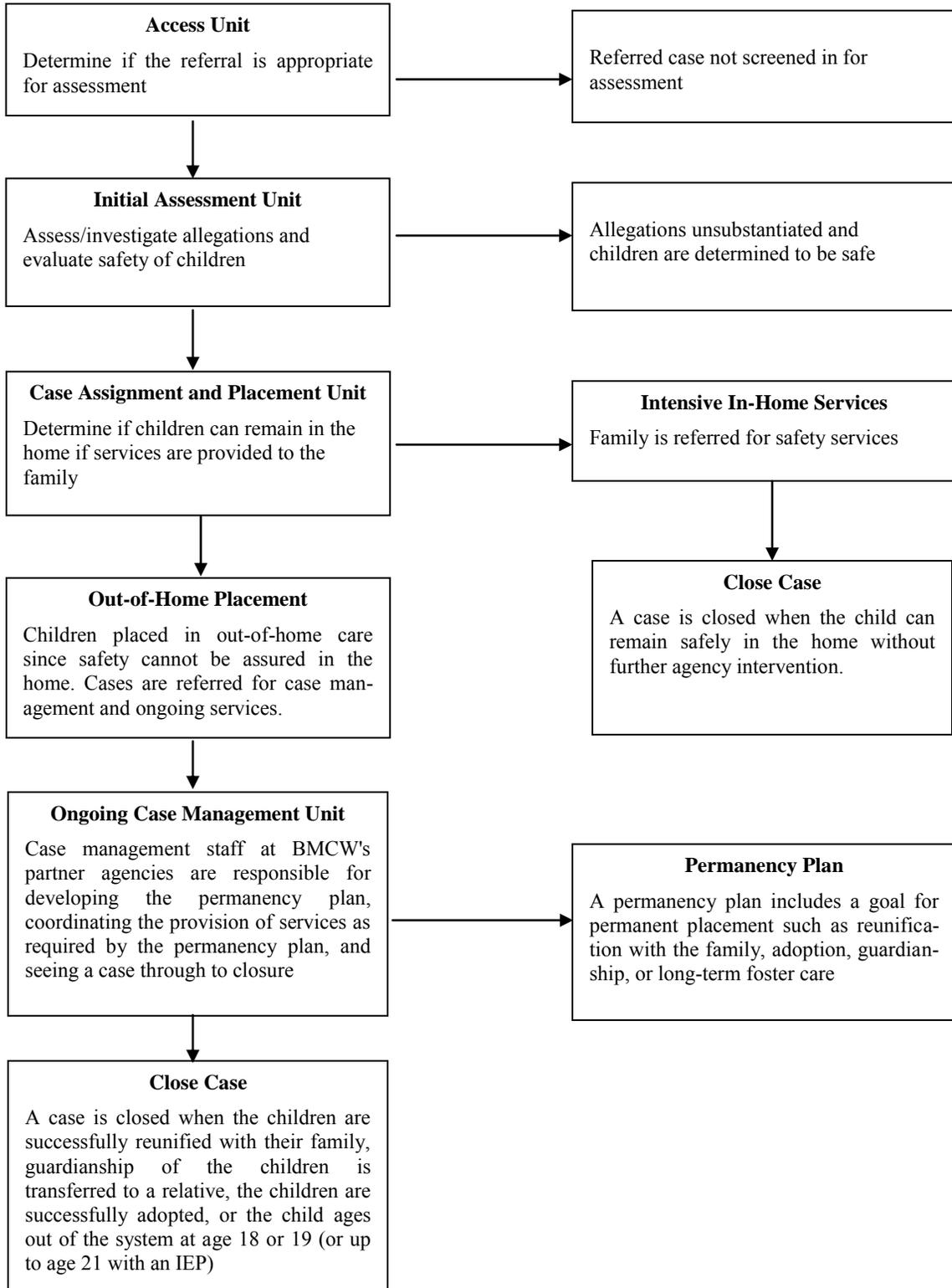
ATTACHMENT 4

**Title IV-B, Subpart 2 County Allocations (Promoting Safe and Stable Families)
Calendar Year 2015**

County	Amount	County	Amount
Adams	\$33,310	Manitowoc	\$52,345
Ashland	33,310	Marathon	57,103
Barron	42,827	Marinette	42,827
Bayfield	33,310	Marquette	33,310
Brown	66,620	Menominee	0
Buffalo	33,310	Milwaukee	0
Burnett	33,310	Monroe	42,827
Calumet	42,827	Oconto	42,827
Chippewa	42,827	Oneida	42,827
Clark	42,827	Outagamie	66,620
Columbia	42,827	Ozaukee	52,345
Crawford	33,310	Pepin	33,310
Dane	95,172	Pierce	42,827
Dodge	52,345	Polk	42,827
Door	38,069	Portage	52,345
Douglas	42,827	Price	33,310
Dunn	42,827	Racine	66,620
Eau Claire	52,345	Richland	33,310
Florence	33,310	Rock	57,103
Fond du Lac	52,345	Rusk	33,310
Forest	33,310	St. Croix	47,586
Grant	42,827	Sauk	42,827
Green	42,827	Sawyer	33,310
Green Lake	33,310	Shawano	42,827
Iowa	38,069	Sheboygan	57,103
Iron	33,310	Taylor	38,069
Jackson	33,310	Trempealeau	38,069
Jefferson	47,586	Vernon	42,827
Juneau	38,069	Vilas	33,310
Kenosha	57,103	Walworth	52,345
Kewaunee	38,069	Washburn	33,310
La Crosse	57,103	Washington	57,103
Lafayette	33,310	Waukesha	95,172
Langlade	38,069	Waupaca	42,827
Lincoln	42,827	Waushara	38,069
		Winnebago	57,103
		Wood	<u>47,586</u>
		Total	\$3,126,400

ATTACHMENT 5

Bureau of Milwaukee Child Welfare Case Decision-Making Process



ATTACHMENT 6

FFY 2014 Family Foundations Comprehensive Home Visiting Program

<u>Agency Name</u>	<u>Serving</u>	<u>Amount</u>
Adams County	Adams County	\$259,391
Manitowoc County	Manitowoc County	208,138
Dane County Parent Council	Green County	270,355
Family Services of Northeast WI	Brown County Winnebago County	1,649,209
Great Lakes Inter-Tribal Council (GLITC)	Bad River Indians Sokaogon Indians St. Croix Indians Burnett County	1,140,658
Healthy Families Milwaukee - Aurora	City of Milwaukee	368,208
Kenosha County	Kenosha County	966,300
Lac Courte Oreilles Indian Tribe	Lac Courte Oreilles	442,017
City of Milwaukee Health Department - Empowering Families Milwaukee (EFM)	City of Milwaukee	1,373,678
Next Door Foundation	City of Milwaukee	745,490
Children's Hospital of Wisconsin Community Services - Northwoods Home Visiting Program	Lincoln County Oneida County Forest County	326,153
Racine County	Racine County	530,668
Rock County	Rock County	<u>399,364</u>
Total		\$8,679,629

APPENDIX

History of Federal Child Welfare Law

Introduction

The first documented case of child abuse in the United States occurred in 1874. The American Society for the Prevention of Cruelty to Animals (ASPCA) had been notified that a girl named Mary Ellen had been regularly bound and beaten by her stepmother and brought the case to court to remove the child from her home and to prosecute her stepmother. Following ASPCA's successful conclusion of the case, the first child protection society, the New York Society for the Prevention of Cruelty to Children, was formed and protective societies were established throughout the United States. Some of these societies emphasized "child rescue" and placed children in orphanages. Others emphasized family rehabilitation, which focused on keeping children in homes and reunifying families. When children were removed from their homes, they were placed in foster homes.

The family rehabilitation view gained more prominence and influenced state legislation and policy. State child welfare systems were established, but did not receive significant public interest. This changed with the 1962 publication of "The Battered-Child Syndrome," a research article by Dr. C. Henry Kempe and his colleagues, which examined the causes of, and the appropriate responses to, the physical abuse of children. The article indicated that little was known about the prevalence of child abuse in the United States. In response to Dr. Kempe's article, and the subsequent increase in the public's interest, the first federal legislation on child abuse was passed in 1974 -- the Child Abuse and Neglect Prevention Act (CAPTA), 100 years after Mary Ellen's court case.

Federal legislation has been enacted subsequently that builds upon CAPTA and reflects not only changes in the knowledge of child development, but also philosophical changes in the field of child welfare. The most significant federal child welfare legislation is described below.

It should be noted that a significant portion of federal law regarding child welfare is found under Title IV-E and Title IV-B of the federal Social Security Act. As a result, much of the following legislation either created or modified federal law under Title IV-E or Title IV-B.

Child Abuse Prevention and Treatment Act of 1974

CAPTA (P.L. 93-247) provided funding to states to: (a) develop child abuse and neglect identification and prevention programs; (b) support innovative programs aimed at preventing and treating child maltreatment; and (c) authorize limited research into child abuse prevention and treatment.

CAPTA has been reauthorized six times since 1974. Each reauthorization added to, or changed, some aspect of the original legislation. Some of these changes include: (a) facilitating the placement of children with special needs in permanent adoptive homes; (b) creating a national adoption information exchange system; (c) promoting quality standards for adoptive placements and the rights of adopted children; (d) expanding the scope of child abuse to include neglect, specifically medical neglect, and requiring states to facilitate adoption opportunities for disabled infants with life-threatening conditions; (e) providing money to states for community-based child abuse and neglect prevention grants; and (f) requiring

states to institute an expedited termination of parental rights (TPR) process for abandoned infants or children whose parents are responsible for the death or serious bodily injury of a child.

In addition, CAPTA established a national data collection system that requires states to report standardized data, including: (a) the number of reported cases; (b) the number of cases substantiated, unsubstantiated, or determined to be false; (c) the number of children who received services; (d) the number of children removed from their homes; (e) agency response time to reports and to provide services; and (f) the number of children reunited with their families. CAPTA also changed the expectations, roles, and responsibilities of CPS staff, and the requirements of the CPS program, including requiring an assessment of the family's risk of abuse, neglect, and safety.

In the 1996 re-authorization of CAPTA, a base national definition of child abuse was established to include death, serious physical or emotional injury, sexual abuse, or imminent risk of harm.

The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) reauthorized CAPTA through 2008, but it also made significant changes to CAPTA. The Act has four primary provisions that affect child protective services, including: (a) requiring states to develop a plan of safe care for the infants affected by illegal substance abuse or withdrawal symptoms; (b) requiring CPS caseworkers to advise the alleged maltreater of the allegations against him or her at the first contact that the CPS caseworker has with the alleged maltreater; (c) establishing procedures for referral of a child under three years of age who has been substantiated as abused or neglected to the Birth-to-3 program; and (d) establishing triage procedures for the appropriate referral of a child not at risk of imminent harm from abuse or neglect to community organizations or a volun-

tary preventive service. In addition, the Act implements programs to increase the number of older foster children placed in adoptive families, including a grant program to eliminate barriers to placing children for adoption across jurisdictional boundaries.

From 2008 through 2010, funding under CAPTA continued without CAPTA reauthorization.

The CAPTA Reauthorization Act of 2010 (P.L. 111-320) reauthorized CAPTA through 2015 and revised requirements for: (a) the child abuse prevention and treatment advisory board; (b) the national clearinghouse for information relating to child abuse; (c) research and assistance activities; and (d) specific grants to states, tribes, and public or private organizations, including community-based grants. The Act intends to strengthen and support families with children; to protect children from abuse, neglect and maltreatment; to improve services for victims of domestic violence and children exposed to domestic violence; and to improve adoption assistance. The Act requires collection of additional data regarding training, education, and caseloads of CPS workers. The Act also enhances and improves flexibility, such as including the use of differential response systems in investigating abuse or neglect cases, training, and the collaboration, communication, and coordination among the various participants in the child welfare system.

Indian Child Welfare Act of 1978

The Indian Child Welfare Act of 1978 (P.L. 95-608) was enacted to protect the interests of Native American children and promote stability and security of Indian tribes and families. Under the Act, tribes have jurisdiction in child welfare services custody proceedings involving Native American children who reside on reservations (this does not include the authority to conduct

child protective services investigations or initial assessments) and have a right to intervene in certain custody matters involving a Native American child. In addition, the Act establishes minimum federal standards for the removal of Native American children from their families, requires Native American children to be placed in foster or adoptive homes that reflect Native American culture, grants preference to Native American family environments in adoptive or foster care placement, requires child welfare agencies to provide "active efforts" to prevent the breakup of Native American families and prevent termination of parental rights (rather than "reasonable efforts" required for non-Native American children), provides assistance to tribes in the operation of child and family service programs, and sets a "beyond a reasonable doubt" standard of proof for terminating Native American parents' parental rights.

Adoption Assistance and Child Welfare Act of 1980

The Adoption Assistance and Child Welfare Act (AACWA) of 1980 (P.L. 96-272) increased the involvement of the court in child welfare cases to counteract the authority of the child welfare system, with the intent to hold the child welfare system accountable and to reduce the number of children removed from their homes, the amount of time children spend in out-of-home care, and the number of placements experienced by children. AACWA established adoption assistance payments, which are made to parents who adopt a child with special needs.

AACWA also established the practice of developing and implementing permanency plans, with an emphasis on reuniting children with their families. In addition, the AACWA introduced the concepts of "best interests of the child" and "reasonable efforts," which are examined when trying to determine if a child should be removed from his or her home, when to reunify a child with the

family, and to achieve the goals of the permanency plan. States are required to place each child in the least restrictive setting, consistent with the needs of the child.

Family Preservation and Support Services Program

Passed as part of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66), the Family Preservation and Support Services Program provides funding to states to create a continuum of family-focused services for "at-risk" children and families and encourages states to use the funds to integrate preventive services into a treatment-oriented child welfare system, to improve service coordination within and across state agencies, and to engage broad segments of the community in program planning at state and local levels. It also defined the services states must provide to include: (a) preservation, which are activities designed to assist families in crisis (including extended and adoptive families), often when the child is at risk of being placed in out-of-home care because of abuse or neglect; and (b) support, which are preventive activities, typically provided by community-based organizations, to improve nurturing of children and strengthen and enhance the stability of families. Support services include mentoring programs for children.

This program is incorporated under Title IV-B of the Social Security Act. In 1997, the program was renamed Promoting Safe and Stable Families and included two additional services: (a) time-limited reunification services to facilitate the safe and appropriate reunification of children in out-of-home care with their families; and (b) adoption promotion and support services to encourage more adoptions of children from the out-of-home care system, including pre- and post-adoption services designed to expedite adoptions and support families.

In 2002, additional activities were permitted

under this program, including: (a) infant safe haven programs; (b) mentoring children of incarcerated parents; (c) strengthening parental relationships; and (d) promoting healthy marriages.

In 2006, this program changed from a permanent authorization to a five-year authorization through 2011 and required minimum standards for caseworker visits.

The Child and Family Services Improvement and Innovation Act (P.L. 112-34) reauthorized this program through 2016. As part of the reauthorization, states are now required to describe how they identify which populations are at the greatest risk of maltreatment and how services are targeted toward them. The required minimum standards for caseworker visits were raised. Each child age 16 or older (and age 14 and older beginning September 29, 2015) in foster care must receive a free copy of any consumer credit report each year until discharged and be offered assistance in interpreting the credit report and resolving any inconsistencies. This reauthorization extended the court improvement program grants, but eliminated the mentoring children of prisoners program and discontinued funding for the national random sample study of child welfare.

Multi-Ethnic Placement Act of 1994

The Multi-Ethnic Placement Act of 1994 (P.L. 103-382) was enacted to reduce the length of time that children wait to be adopted, facilitate the recruitment and retention of foster and adoptive parents who can meet the needs of children waiting for placement, and eliminate discrimination on the basis of the race, color, or national origin of the child or the prospective foster or adoptive parent. The only categorical exception to this requirement is Native American children, who are covered under the Indian Child Welfare Act, which supersedes the Multi-Ethnic Placement Act.

The Act prohibits states and other entities that are involved in foster care or adoption placements, and that receive any federal funding, from delaying or denying the placement of a child solely on the basis of race, color, or national origin of the adoptive or foster parent, or the child, involved.

The Act also prohibits states and other entities from denying any individual the opportunity to become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin. Finally, the Act requires child welfare services systems to diligently recruit a pool of potential foster and adoptive families that reflects the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

Adoption and Safe Families Act of 1997

The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) established a variety of new standards for children and juveniles placed in, or at risk of being placed in, out-of-home care. ASFA is focused on the safety, permanence, and well-being of children who are removed from their homes, with safety being the primary consideration. The final federal rules became effective in March of 2000, and the federal requirements and regulations are incorporated into state statute.

ASFA establishes requirements for states to pursue the TPR and adoption of children who have been in out-of-home care for 15 of the last 22 months. In addition, ASFA specifies that a TPR petition must be filed if a court has determined that: (a) a child was abandoned when he or she was under one year of age; (b) a parent has committed, has aided or abetted the commission of, or has solicited, conspired, or attempted to commit first- or second-degree intentional homicide, first-degree reckless homicide, or felony murder and that the victim of the homicide is a

child of the parent; or (c) the parent has committed substantial battery, first- or second-degree sexual assault, first- or second-degree sexual assault of a child, repeated acts of sexual assault of the same child, or intentionally or recklessly caused great bodily harm to a child if the violation resulted in great or substantial bodily harm to the child or another child of the parent.

Exceptions to the TPR requirements are provided in cases where: (a) a child is being cared for by a fit and willing relative; (b) a child's permanency plan indicates and provides documentation that TPR is not in the best interests of the child; (c) the agency primarily responsible for providing services to a child and family under a court order has not, if so required, provided the family of the child, consistent with the time period in the permanency plan, the services necessary for the safe return of the child to his or her home; or (d) grounds for involuntary TPR do not exist. Once an exception is made, there is no defined time at which TPR must be considered again; however, the TPR decision or exception must be made each time a child has been in out-of-home care for 15 of the last 22 months. This applies primarily when a child entered and exited out-of-home care on multiple occasions. The Indian Child Welfare Act supersedes the Adoption and Safe Families Act.

ASFA introduced the concept of concurrent planning, which permits states to make reasonable or active efforts to place a child for adoption or with a legal guardian while, at the same time, states make reasonable or active efforts to reunify the child and family. This change supports the goal of permanency for children, based on the belief that out-of-home care is a temporary setting and not a place for children to grow up. ASFA also requires that a permanency plan hearing be held every 12 months, instead of every 18 months as was previously required, and that permanency planning begin immediately after the child is removed from the home. In addition, the permanency plan incorporates the idea that per-

manence can be expedited through the provision of services to families.

Finally, ASFA authorizes the Secretary of the DHHS to make incentive payments to states to increase the number of adoptions of children in foster care as compared to the greatest number of adoptions in any fiscal year, from 1997 through the current year.

The adoption incentive program was reauthorized and modified by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) and the Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183). The incentive program was expanded to include legal guardianship placements. Further, under current law, states receive the following incentive payments for each placement exceeding the expected number of placements: \$4,000 for each guardianship, \$5,000 for each adoption, \$7,500 for each guardianship or adoption of children between the ages of nine and 14, and \$10,000 for each guardianship or adoption of a child older than 14. The expected number of placements is determined by multiplying the previous year's foster care population by the base performance rate in the previous year or the average of the previous three years. The base performance rate is the number of placements in the performance year divided by the number of children in foster care in the year preceding the performance year. States are required to reinvest these incentive funds into child welfare programs.

The Foster Care Independence Act of 1999

The Foster Care Independence Act of 1999 (P.L. 106-169) established the John H. Chafee Independence Program, which revised the funding mechanism to states for independent living programs. The Act also expanded opportunities for independent living programs providing education, training, and employment services, and fi-

nancial support for foster youth to prepare for living on their own. The Act allows states to provide medical assistance (MA) coverage to individuals between the ages of 18 and 21 who were in out-of-home care on their 18th birthday, requires states to ensure that foster parents are adequately prepared, both initially and on a continuing basis, to care for the children placed with them, and authorizes additional funding for adoption incentive payments to states to assist in finding permanent homes for children in out-of-home care.

In 2002, an educational voucher program was added to provide for education and training, including postsecondary training and education, to youth who have aged out of foster care.

The Fostering Connections to Success and Increasing Adoptions Act of 2008.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) focuses on: (a) ensuring permanent placements with relatives; (b) increasing adoptive families for children; (c) maintaining sibling ties and other family connections; (d) improving outcomes for older youth in foster care; (e) improving the quality of staff working with children in the child welfare system; (f) increasing access by tribes to federal funding to promote better outcomes for Indian children; and (g) addressing children's health and education needs.

The Act granted states the option to use Title IV-E funds for kinship guardianship payments for children raised by relative caregivers who care for them in foster care and are committed to caring for them permanently when they leave foster care. State agencies must exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of a child within 30 days after the child is removed from his or her home. States may waive non-safety licensing standards on a case-by-case basis in order to eliminate barriers to placing children safely with

relatives in licensed homes. Reasonable efforts must also be made to place siblings together or, if not placed together, to establish frequent visitation among siblings.

Federal foster care maintenance payments have been extended to youth up to the age of 21 and include supervised independent living settings as a Title IV-E reimbursable child caring facility. Youth must be involved in productive activity such as education, training, or work, or incapable of doing these activities due to a medical condition. A personalized transition plan is required within 90 days from the anticipated date of discharge from out-of-home care. Adoption assistance and guardianship payments have also been extended up to age 21 for children adopted or entering guardianship after age 16. In addition, all independent living services and education and training voucher benefits have been extended to children 16 and older who have been adopted or entered a guardianship program from foster care.

The requirement that the home a child was removed from must meet the income eligibility requirements under the former aid to families with dependent children (AFDC) program has been eliminated for Title IV-E adoption assistance. In addition, children who are eligible for supplemental security income (SSI), based solely on the medical and disability requirements, are automatically considered children with special needs and eligible for adoption assistance without regard to the SSI income requirements. Title IV-E reimbursements to states based on these new Title IV-E eligibility rules must be invested in child welfare services, including post-adoption services. The expansion of special needs adoption assistance payments will be phased in over nine years, with older children and those who have spent at least 60 consecutive months in care, and their siblings, being eligible first.

Other provisions: (a) allow Title IV-E reimbursement at an enhanced training rate for training costs associated with staff of private child

welfare agencies, court-related staff such as judges and attorneys, and non-reimbursable placement providers such as court-ordered kinship care providers; (b) require state child welfare agencies to coordinate with local school districts to ensure educational stability of children in out-of-home care related to school enrollment, school transition, and record sharing; (c) allow school-related transportation costs to be included in Title IV-E maintenance claims for out-of-home care payments; and (d) require states to develop, in collaboration with the state Medicaid agency and other health professionals, a plan regarding the ongoing coordination and oversight of health services for children in out-of-home care.

The Patient Protection and Affordable Care Act

Several provisions related to child welfare were included in the federal Patient Protection and Affordable Care Act (P.L. 111-148): (a) Medicaid coverage was extended to former foster care children younger than age 26; (b) grants for early childhood home visitation programs were provided; and (c) information about the importance of having a health-care power-of-attorney was required to be provided to children aging out of foster care.

Preventing Sex Trafficking and Strengthening Families Act of 2014

The Preventing Sex Trafficking and Strengthening Families Act of 2014 (P.L. 113-183) made many improvements to the child welfare system. First, the Act amends Title IV-E to address trafficking. State plans for foster care and adoption assistance are required to demonstrate policies and procedures for identifying, documenting, and providing services for children in the care of child welfare agencies who are, or are at risk of being, a victim of sex trafficking or severe forms of trafficking in persons. States must implement plans for expeditiously locating children missing from foster care and addressing the reasons for

the child's absence. States must immediately report missing or abducted children to law enforcement agencies for entry in the FBI's National Crime Information Center.

Second, the Act introduces several changes to improve normalcy for children in foster care. States must develop a prudent parent standard for decisions made by foster parents and child care institutions receiving funding under Title IV-E. The prudent parent standard applies to parental decisions concerning the health, safety, and best interests of the child and child participation in developmentally appropriate extracurricular, enrichment, cultural, and social activities. Contracts with child care institutions must require at least one on-site caregiver trained and authorized to apply the prudent parent standard.

Third, the Act makes several amendments to improve permanency for children in foster care. Effective three years after enactment on September 29, 2014, the Act limits to children aged 16 and older the permanency plan goal of being placed in an "another planned permanent living arrangement" (such as those other than a return to home, referral for termination of parental rights, or placement for adoption, with a fit and willing relative, or with a legal guardian). Children age 14 and older are authorized to help develop their own case plans and to select up to two members of the case planning team who are not foster parents or caseworkers of the child. All case plans for children age 14 and older must include a "list of rights" document describing the child's rights with respect to education, health, visitation, court participation, staying safe, and avoiding exploitation. Furthermore, effective as of one year after enactment, states must assure that youth aging out of foster care are not discharged without being provided with a copy of their birth certificate, Social Security card, health insurance information, copy of medical records, and a driver's license or equivalent state-issued identification card.

Other provisions: (a) reauthorized and modified the adoption incentive program; (b) specify that eligibility for kinship guardianship assistance is not affected by the replacement of a guardian with a successor guardian named in the guardian-

ship agreement; (c) require notification of a parent of a sibling when a child is removed from parental custody; and (d) provide for improvements in international child support recovery.